

DOCUMENT RESUME

ED 078 172

VT 020 340

TITLE Occupational Therapy Curriculum Guides Developed Through a Task Analysis Procedure. Development of Occupational Therapy Job Descriptions and Curricula Through Task Analysis. Report Number Two: Appendices.

INSTITUTION Ohio State Univ., Columbus. School of Allied Medical Professions.

SPONS AGENCY Public Health Service (DHEW), Washington, D.C.

PUB DATE 72

NOTE 199p.

AVAILABLE FROM Occupational Therapy Division, School of Allied Medical Professions, College of Medicine, Ohio State University, 1583 Perry St., Columbus, OH 43210 (\$6.00 for set)

EDRS PRICE MF-\$0.65 HC-\$6.58

DESCRIPTORS Curriculum Development; Curriculum Guides; Educational Resources; *Evaluation Techniques; Health Occupations Education; *Instructional Media; Job Analysis; Occupational Therapists; *Occupational Therapy; Occupational Therapy Assistants; *Resource Materials; Student Evaluation; Subprofessionals; Task Analysis; Task Performance; *Teaching Methods

ABSTRACT

Designed to accompany a set of curriculum guides, available as VT 020 339 in this issue, these appendixes contain teaching strategies and resources suggested in the curriculum modules developed for four levels of performance in an occupational therapy program. Included are: (1) a discussion of interactive teaching strategies and suggested teaching methods, (2) a discussion of evaluation theory and description of a set of procedures for evaluating student performance, (3) a listing of available instructional media, including the source and costs of commercially produced transparencies, games and simulations, films, slides, videotapes, and programmed instruction, (4) a listing of suggested references by curriculum, modules for each of the four curriculum levels, including references for the occupational therapy aide, technician, therapist, and consultant, and (5) procedures used to develop the selection specifications (required prior learnings) for each of the four curriculum levels. Other related publications are available as VT 020 338 and VT 020 341 in this issue. (SB)

ED 078172

DEVELOPMENT OF OCCUPATIONAL THERAPY JOB DESCRIPTIONS
AND CURRICULA THROUGH TASK ANALYSIS

REPORT NUMBER TWO

APPENDICES

OCCUPATIONAL THERAPY CURRICULUM GUIDES
DEVELOPED THROUGH A TASK ANALYSIS PROCEDURE

SCHOOL OF ALLIED MEDICAL PROFESSIONS
College of Medicine
The Ohio State University
Columbus, Ohio 43210

Grant No. 5 D02 AH 00964 01, 2

July 1, 1970 - June 30, 1972

Department of Health, Education and Welfare
Public Health Service

VT020340

ED 078172

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APPENDICES

Report Number Two
Department of Health, Education and Welfare
Grant #5 D02 AH 00964 01, 2
conducted under the direction of
Kathryn T. Schoen, Ph. D.

"Development of Occupational Therapy Job Description, and Curricula Through Task Analysis"

OCCUPATIONAL THERAPY CURRICULUM GUIDES DEVELOPED THROUGH A TASK ANALYSIS PROCEDURE

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APPENDIX A

INTERACTIVE STRATEGIFS AND
TEACHING METHODS

INTERACTIVE STRATEGIES AND TEACHING METHODS¹

In the literature of education, the teaching process has been defined in different ways. For the purpose of this guide, a definition of teaching delineated by Dr. John B. Hough is used. "Teaching is the act of instruction which involves creating, using and modifying instructional strategies in a classroom or clinical situation to achieve specified performance objectives."² Teaching is therefore an interactive process where the teacher or student use a pattern of behavior involving a reciprocal communication process between two or more people at a time. Some key behaviors in the interactive process are defined below:

1. Initiation of Substantive Information - All instances in which substantive information is given at the initiation of either teacher or students.
2. Solicitation of Information - Verbal behaviors which typically take the form of a question, direction, or command or non-verbal behaviors such as gestures, voice modulation, etc.
3. Responses to Solicitation - A direct answer to a question or a response to a direction or command and may involve knowledge, skills, or feelings states.
4. Clarification - The process of helping a person who emitted a response or question become more aware of his own behavior or helping a person responding to a behavior understand the meaning or implication of the behavior.
5. Corrective Feedback - Student or teacher responses to statements that can be considered incorrect or inappropriate by commonly accepted definition, custom convention, or some form of empirical verification.
6. Confirmation - An indication of teacher or students of the correctness or appropriateness of behaviors by commonly accepted customs, convention, or empirical verification.
7. Acceptance - A response by either teacher or students which portrays an unconditional regard for another person or for what another person said.
8. Positive Personal Judgment - Behaviors with a positive value connotation which praise, reward, or encourage.
9. Negative Personal Judgment - Behaviors with negative value connotations which criticize or reject ideas or feelings.

1. Information contained in this section was adapted from John B. Hough and James K. Duncan, Teaching: A Description and Analysis, Reading, Massachusetts: Addison-Widey Publishing Co., 1970.

2. Ibid., p. 6.

A-2 A-3

A way to organize the above interactive behaviors is within the context of four instructional strategies. These strategies are:

- | | | |
|---|-----------|------------|
| 1. Direct communication strategy | T-----> S | T=teacher |
| 2. Teacher-student interactive strategy | T <---> S | S=student |
| 3. Student group activity strategy | S <---> S | A=artifact |
| | | |
| 4. Independent strategy | S <---> A | |

1. The direct communication strategy suggests a teaching method in which the primary activity is the dissemination of information. In a situation which is a true exposition of information certain kinds of behaviors on the part of both teachers and students should appear. Teacher behaviors might include: initiation of substantive information (behavior #1) or silence and student behaviors might include such covert student responses as confirmation (behavior #6), acceptance (behavior #7), positive or negative personal judgment (behavior #8 and #9), and other non-verbal feedback.
2. The teacher-student interactive strategy suggests a teaching method where the teacher plays the role of or is perceived as the leader. The behaviors in this strategy which are usually displayed by the teacher include: initiation of substantive information, solicitation of information, clarification of response, confirmation, acceptance, or positive and negative personal judgment. Student behaviors might include: response to solicitation, initiation of information, solicitation of a response, clarification, corrective feedback, acceptance, or positive or negative personal judgment. The teacher can solicit responses which are either convergent or divergent. Convergent responses are those in which only one answer is acceptable, and divergent responses are those in which creativity, personal perceptions, or many answers are acceptable.
3. The student-group activity interaction suggests a teaching method in which the teacher is not the acknowledged leader and may or may not be present. Students, in this strategy, assume the responsibility of directing or carrying on learning. Student behaviors might include: initiation of information, solicitation, response to solicitation, clarification, corrective feedback, confirmation, acceptance, or positive or negative personal judgment. If the teacher is part of the group, then teacher behaviors might be any of the previously mentioned student behaviors with an emphasis on clarification.
4. The independent strategy suggests a method in which the student works with some kind of artifact (such as a book, a film, a patient, a model, or anything which is judged to be an instructional value). The teacher serves as a guide or mentor of the student. Student behaviors in this strategy might be heavily oriented to: initiation

of information, solicitation of response, and clarification. The teacher may behave in the manner mentioned in the student-group activity strategy.

These strategies and behaviors have been identified for the purpose of teachers using observational systems to analyze their own behavior. Formal observational systems such as those developed by Ned Flanders, John Hough, and others can help a teacher analyze his teaching behavior as it relates to his daily instructional objective and thus improve his instruction. A number of observational systems are found in the reference, Mirrors From Behavior, edited by Simon and Boyer, which can be applied to any instructional situation from the classroom to the clinic.³

Suggested Teaching Methods

In the remainder of this appendix, suggested teaching methods which relate to instructional strategies will be presented. In the context of each module will appear instructional strategies listed in terms of priorities. To use this guide, please refer to the list below for suggested teaching methods for each module. There has been no attempt to relate specific teaching methods to facilitate the attainment of specific performance objectives because both lists are suggestions upon which each teacher can develop objectives and teaching styles appropriate to their own situation.

1. Direct Communication

- a. Teacher lecture disseminating information not readily available in any other way using appropriate audio-visual media such as blackboard, overhead projectors, opaque projectors, charts, and others.
- b. Teacher demonstration of a process or use of some material or equipment.
- c. Teacher presentation of a film, filmstrip, 8 MM film loop, video or audio tape, or training film.

3. Anita Simon and Gil E. Boyer, eds., Mirrors From Behavior, Philadelphia: Research for Better Schools, 1968. This is a 14 volume set containing over 90 observational systems.

- d. Lecture or demonstration by selected resource personnel defining, explaining, or clarifying beliefs, ways to perform, or other special interest subjects.

2. Teacher-Student Group Interactive

- a. Teacher-led discussion used to clarify student given definitions and perceptions; directing students to relate personal beliefs and perceptions; directing convergent responses from students about what is correct or acceptable; or directing students to present divergent responses on issues, problems, and definitions.
- b. Teacher-directed simulated task group with teacher as leader and students role playing group participants.
- c. Teacher-led simulations of clinical situations with teacher playing the role of health professional and students playing the role of clients.
- d. Teacher-directed observation of a clinical situation with follow-up discussion of pertinent things seen or an exchange of student perceptions of what they have seen.
- e. Teacher assigned problems to be solved with teacher-made directions given.
- f. Teacher-led discussion of a hypothetical situation where student responses are directed toward giving either convergent or divergent answers.
- g. Teacher-led follow-up discussion evaluating either an individual student or a student group performance or presentation.

- h. Teacher-prepared forms given to students to be filled out and disussion of the "do" and "don't" procedures used.

3. Student-Student Group Activity

- a. Student group discussion of each student's perceptions, definitions, beliefs, or independent study findings.
- b. Students using each other to practice techniques or to point out specified information.
- c. Simulation with students role playing specified roles or performing specified tasks.
- d. Student task groups with students acting as observers and evaluators of group proceedings or role playing specified roles.
- e. Student small group discussion of relevant medical, political, and sociological issues with follow-up presentation to larger student group about what was discussed or conclusions which were reached.
- f. Student buzz sessions or brainstorming sessions to create, plan, organize, or solve specified activities.
- g. Student group performance of a specified activity with students helping each other to complete a project or activity.
- h. Student participation as a group in specified activities to either enhance their skills in performing a specified task or to have students get the feeling of being a group member.
- i. Student group-on-group observation to ascertain or evaluate group process or group product.

- j. Student group formulation of word games or crossword puzzles.
- k. Students playing either commercially prepared games (such as Scrabble, etc), teacher-prepared games, or student-prepared games limited to using only medical terminology.
- l. Student to student quizzing of each other on correct definitions or spelling.

4. Student Independent

- a. Student reading or research of given sources such as books, charts, journals, reference sources, and others.
- b. Individual student manipulation of and practice with specified artifacts including tools, equipment, material, or commercial items.
- c. Student interview of specified personnel or resource personnel to find out about themselves or an important process or activity.
- d. Student viewing of film, film-strip, 8 MM film loop, video or audio tape, etc.
- e. Student writing of reports, autobiographies, diaries, or creative material as directed.
- f. Student observation of specified groups or activities to evaluate group or individual process or product.
- g. Student participation in performing a specified task or activity.
- h. Student filling out forms or using check lists or other prepared forms.

- i. Student report of specified topics.
- j. Student independently creating an artifact or plan.
- k. Student role playing a specified role without group interaction.
- l. Student use of programmed instruction or computer-assisted instruction if available.
- m. Student discussion with teacher concerning his perceptions of his own ability and teacher's informal evaluation of student's potential.

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APPENDIX B

EVALUATION

In this appendix, evaluation will be viewed from two perspectives. First, a short section will deal with a theory of evaluation from which to organize all evaluation efforts. Second, a set of procedures used in evaluation are described in detail with examples.

NATURE OF EVALUATION

To provide a basis upon which educators may employ evaluation in relation to these curriculum guides, it is necessary to explicate a perception of the nature of evaluation and the evaluation function. Although surveys, tests and measurements, professional judgment, and the establishment of objectives are frequently involved in evaluation, the complex process of evaluation extends beyond these specific tasks.

What, then, is evaluation? The Phi Delta Kappa Study Commission on Evaluation defines evaluation as "the process of delineating, obtaining, and providing useful information to judge decision alternatives."¹ The important implications in this definition which distinguish it from traditional research are that:

1. The evaluator is serving a specific decision audience.
2. The purpose of evaluation is to provide information to facilitate decision making.

The decision audiences being served by the educator in terms of these curriculum guides are: 1) the instructor and 2) the student. The instructor must determine the answers to various questions throughout the instructional process. Some of these questions relate to the speed at which the curriculum is offered, the sequence of the various modules, and which teaching strategies and media accomplish the objectives with the most effectiveness and efficiency. The student will constantly have to be informed of his progress in relation to the expectations of the course to enable him to make decisions regarding studying time, effort, references, and work load for the immediate future. A helpful tool for many instructors has been to identify the questions he/she will need to answer before, during, and after each module. Once the questions are known, the information which is necessary to answer each questions can be determined.

To facilitate an understanding of evaluation, the Phi Delta Kappa study commission has identified four types of evaluation and the decisions they serve. These four types are explicated below:

Context Evaluation: (What do we have?) Serves planning decisions and relates to a typical needs assessment. However, context evaluation also identifies opportunities and provides the information necessary for the establishment of objectives. This project has performed context evaluation on the field of occupational therapy and from this we have developed these curriculum guides. In terms of classroom performance, the instructor will need context information on each student entering

1. Daniel L. Stufflebeam et al. Educational Evaluation and Decision Making. F. E. Peacock Publishers, 1971.

B-2 | B-3

behaviors or level of performance in order to adapt curriculum modules to each student's specific needs and to establish a baseline needed to determine if the student has grown through the duration of the course. Within this framework, the instructor will develop the "Suggested Objectives" in more detail to meet the needs of individual learners.

Input Evaluation: (What can we do about it?) Serves decisions which relate to the total organization of the course or curriculum module and provides information necessary to assess the various alternatives which may be applied within these modules. Input evaluation would aid in determining which of the various types of teaching strategies may be most effective as well as what type of media presentation should be employed.

In order to determine the teaching strategy and type of media to employ, the instructor will need to determine the nature of certain variables. These variables include the size of the class, the instruction time available, the amount of money allocated to the class, and other available resources. A simple example of poor input evaluation occurs when one rents a film to show to the class only to discover that no projector is available.

Process Evaluation: (Are we doing it?) Serves decisions regarding how well the course is progressing. This evaluation provides information to answer questions such as: What problems may be anticipated in this module?; Is the module consistent with what is needed?; and Is it possible to modify or improve the program by resequencing the various modules? Evaluations throughout the module will provide the instructor with information necessary to decide whether to proceed to the next module or reemphasize the present lesson.

An important aspect of this type of evaluation is that it maintains records on the progress of the course. This information is very useful in planning for a similar course in the future, and it frequently improves the ongoing operation by showing students that the instructor is truly trying.

Product Evaluation: (How well was it done?) Serves recycling decisions and provides information on whether to modify, discontinue, or proceed with the present program. Product evaluation is the most common type of evaluation and is employed to determine whether or not the student has fulfilled the pre-established expectations of the module.

The curriculum guides provide performance objectives which define a form of student behavior; it is important that either the behavior itself, or the product of the behavior be measurable in some way in order to evaluate appropriately. These objectives are unique in that they all state the student's behavior in terms of "to identify", "to define", "to list", "to state", etc. These performance objectives are in contrast with typical goals which use such verbs as "to know", "to realize", "to appreciate."

EVALUATION PROCEDURES

In attempting to make these curriculum guide generalizable, specific methods of assessment and required degrees of accuracy were not stated. This should be specified by the instructor prior to implementing any of these modules. In addition to specifying the degree of knowledge required, the instructor should indicate what type of assessment will be used, when the assessment occurs, and what is required of the student during each assessment. The following chart relates the degree of knowledge with various assessment procedures for each level of the curriculum guides.

The chart indicates the degree of knowledge which may be assessed by the various instruments. A low level of knowledge (AWARENESS) may be measured by a true-false or matching test, but a high level of knowledge (MASTERY) may be assessed through observational techniques.

DEGREE OF KNOWLEDGE

AWARENESS ----- MASTERY
(LOW) ----- (HIGH)

Preparation for:
AIDE

True-False -----
Multiple Choice -----
Matching -----

Observational Techniques -----

TECHNICIAN

True-False -----
Multiple Choice -----
Matching -----
Completion -----

List -----
Observational Techniques -----

THERAPIST

True-False -----
Multiple Choice -----
Matching -----
Completion -----
Essay -----

List -----
Observational Techniques -----

CONSULTANT

Multiple Choice -----
Matching -----
Completion -----
Essay -----
List -----
Observational Techniques -----



Once the required degree of knowledge is established on the continuum of Awareness to Mastery, the appropriate assessment procedure(s) can be identified for each level. Although mastery of a concept may be required in a Basic Information module, the concept of mastery is more appropriate when related to skill acquisition.

The following discussion will elaborate on each of the instruments in the table and provide examples of each. A more detailed discussion of each evaluation technique may be found in the appropriate reference article listed in the bibliography.

Questionnaires

Some of the important considerations regarding questionnaires relate to the type, purpose, and procedures under which the questionnaires are implemented. Questionnaires can be developed to assess achievement, affect, ability, and other aspects of an individual. They can also assess the cognitive aspects of certain psychomotor activities. Depending on the specific questions involved, most teacher-made tests assess a combination of these aspects. Indicated below are some of the more common examples of various classes of questionnaires.

<u>Achievement</u>	<u>Affective</u>	<u>Ability</u>
1) Standardized	1) Semantic Differential	1) American College
2) Teacher-Made	2) Q methodology	Tests (ACT)
	3) Attitude Scales	2) Specific
	4) Interest Inventories	Aptitudes
		3) IQ Tests

An important aspect of questionnaires is the action which the respondent is required to perform. In the case of a multiple choice question, the action would be "to select" the correct answer; for a matching test item, "to match" would be the most appropriate verb form; and for an open-ended question, "to complete". Under what conditions will the student be asked to perform any of these actions cited previously? Typically, students are either given materials with which to answer a test question, or they use unaided recall. In one class, an objective might read, "Given a skeleton, the student will be able to . . .".

Another important consideration is what the student is going to write, match, so forth. This (what) represents the content of the action. In one of these modules, for example, it might be a definition of the various muscles in the finger. A very important area of consideration is the degree of accuracy the student must display on a specific test. Each objective must contain an explicit standard of accuracy. For instance, if a student must be able to list six of ten possible items, the standard is sixty percent and this should be specified in the

objective. If no degree of performance accuracy is stated, the implied standard is 100% and the student may not make any mistakes. With each of these curricular modules, it is the responsibility of the instructor to assign an acceptable minimum performance level.

There are several advantages of questionnaires. They are relatively inexpensive when compared to the other types of assessment. They are thought to be the most objective method of assessing students, although frequently teacher bias is apparent. Questionnaires lend themselves to various statistical analyses to assess their validity and reliability. It is also possible to provide rather specific feedback to the students in terms of areas in which they have not fulfilled a pre-established level of competence.

Each of the following specific types of questionnaires may be used to obtain information for any of the four classes of evaluation.

1. True-False

The true-false test is the most simple type of objective measure. Its construction involves statements or brief sentences to which the subject must respond. The response is a choice between true or false, plus or minus, yes or no, or any other pairs which would indicate his agreement or disagreement with the statement.

This type of test is designed so that a great number of items may be presented within a given time period in order to yield the widest possible range of scores.

The major disadvantage of the true-false test is the individual chance element, resulting in the possibility that the expected minimum score could be high in comparison to the maximum score. Simply by chance an individual could be expected to get fifty percent of the items correct, and research has found the percentage to be nearer to sixty.

Examples:

1. All cows are brown.

T	F
<input type="checkbox"/>	<input type="checkbox"/>
2. Indicate, by marking True or False, if the following are parts of a wheelchair:

Headlight	T	F
Swivel wheels	<input type="checkbox"/>	<input type="checkbox"/>
Armrests	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>

2. Multiple Choice

The multiple choice test is the most generally used type of pencil and paper measure. The items consist of a statement of a problem (stem) or some verbal or visual material to which the subject must respond. The response includes a set of two or more statements, or visual or verbal material. One of these alternatives is usually considered correct, while the others are intended as decoys or misleads. The number of alternatives varies between two and seven, the most common being five.

The chance element in the multiple choice test is greatly reduced if the number of decoys is more than two, a major advantage over the true-false test. In addition, the multiple choice test is thought to measure a wider range of knowledge, skills, and aptitudes.

The greatest disadvantage is the difficulty in constructing enough plausible decoys for each stem, especially when four or more decoys are used.

Example:

1. On a multiple choice exam item, the examinee will usually be less likely to find the correct answer by chance (compared with a true-false question) because:
 - a. True-false tests tend to be longer.
 - b. A true-false question can be stated more precisely.
 - c. True-false tests tend to measure a wider range of talent.
 - d. A multiple-choice question uses misleads.

3. Matching

The matching test is one that has been used commonly by classroom instructors and in commercially published tests, but now seems to be decreasing in its use. It consists of two sets of elements constructed so that for every element in the first set there is a related element in the second set. It is not necessary to have the same number of elements in each set; there may be excess elements, or decoys, in the second set.

In the matching type test it is difficult to control the element of chance in both theoretical and practical work. The test may be constructed so that there is only one correct answer in

the second set for each item in the first set. Or, it may be that each element in the second set may serve as a possible answer to more than one element in the first set.

One advantage of the matching test is its variety and resulting appeal to the subjects; although this appeal may not be as important as an extensive measurement of capabilities.

Example:

At the left are listed materials commonly found in occupational therapy. At the right are listed kinds of storage. For each kind of material write the number for the most appropriate kind of storage.

_____ Dead mice	1. Open shelves.
_____ Used Occupational Therapists	2. Open cardboard boxes.
_____ Elephants	3. Open metal cans.

4. Completion

The completion test is used extensively to measure achievement. The items consist of a sentence with one or more words missing which the subject is to supply from memory. It may be compared to the multiple choice item in which the number of alternatives is very great, although the correct answer must be recalled (rather than recognized) from an unlimited (rather than limited) number of alternatives.

The greatest advantage of the completion test is its ease of construction, especially for classroom instructors who may lift sentences from textbooks and simply omit certain words. In addition, the chance factor in this type of test is relatively small.

Two obvious disadvantages to this type of item are that specification of acceptable answers is difficult, and these tests cannot be scored by machine.

Example:

1. Two advantages of the completion type test are _____

and _____.

5. Essay

Case study exams may be thought of as a specific example of an essay test. Essay questions are designed to assess many of the same traits as the completion test. As such, many of the same advantages and disadvantages are involved in both kinds of assessment.

The primary advantage is that the essay test requires not simply a memory response, but many interrelated responses. The student must integrate various concepts into a logical sequence. This process involves deductive and inductive reasoning combined with synthesis of ideas.

Most disadvantages are related to the grading procedures of the final essay. Although coding and other tactics may be used, the assessment still is confounded with teacher bias. A procedure to decrease this bias would be the development of lists of essential elements necessary for each question. Each essential would receive a pre-established number of points, any additional concepts (other than essentials) could receive a lesser number of points. The obvious disadvantage in this is the amount of teacher's time required, both in developing these lists and in the grading itself.

Example:

1. Describe the advantages and disadvantages of an essay type exam question.

6. List

In this type of question, the student is asked to recall, from unaided memory, a series of facts, categories, or concepts. The order in which items are listed may or may not be involved in establishing the correctness of a response.

A major advantage of this type of question is that it has a clearly definable "right" answer. This both reduces teacher bias and the amount of time required for scoring. A test of this type cannot be readily machine scored, however.

Example:

1. List ten human behaviors that can be used as means of non-verbal communication.

7. Observational Techniques

In general, observational techniques are employed when one individual views and appraises the behavior of another. In some cases, this observation simply specifies whether or not a defined activity has taken place; in others an effort is made to quantify the behavior being observed.

All observational systems can be classified into one or two categories. Interventionist techniques are those in which the observer interacts with the individual being observed. Unobtrusive techniques, on the other hand, are ones in which the observer has little or no interaction with or influence on the behavior of the person being viewed.

A basic interventionist technique is the interview or oral examination. These tend to be quite time-consuming, e.g., a great deal of preparation time may be needed if valid and reliable information is to be obtained. Moreover, an extensive amount of training may be necessary to produce a capable interviewer or examiner. On the positive side, however, it can be stated that a well conducted interview or oral exam will provide comprehensive responses to specific questions and will also allow the student to express in-depth or wide range knowledge of a topic. A major drawback of the interview is the difficulty in equating or comparing the performance of two different students. Most often, completely different questions have been asked in the two sessions. One way of overcoming this problem is to use a structured interview. Here a common core of questions are asked of all students. As an option, sets of equivalent questions or problem solving situations can be developed and used with the students. Overall, the kinds of questions asked in an interview parallel the kinds discussed previously under Questionnaires.

Quite often unobtrusive observation is accomplished with the assistance of contrived situations and/or concealed hardware. Hidden microphones and cameras can be used to relay or record the performance. The person being observed can be in a natural situation or one that has been purposely designed to provide desired stimuli. In the latter instance, an instructor, another student, or an actor could be playing a role for the student being observed. The value of elaborate unobtrusive observational techniques seem somewhat questionable in light of research which shows that after a period a time a visible observer becomes nonthreatening and gains essentially the same information as a hidden one. In addition, legal and ethical considerations must often be taken into account with this type of observation.

Observational techniques are useful in evaluating student performance in activities such as role playing or demonstrating a psychomotor skill. They seem essential for the task of assessing student effectiveness in clinical situations.

Finding valid and reliable ways of scoring or rating observed behaviors requires a great deal of ingenuity and judgment, to say the least. At one extreme a critical incident approach can be taken. A listing of essential (critical) behaviors is established and the observer tallies the frequency each has been seen. At the opposite extreme, a very careful analysis can be made not only of frequency but also of quality of behavior. For example, key words, phrases, or physical actions can be established as criteria that are used to determine if a specified behavior has taken place. These criteria can be very elaborate and allow for rating of behaviors on a numerical continuum.

Example:

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|---|
| | Yes | No | | | |
| 1. The student relates well with patients. | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2. The student displays complete knowledge of all occupational therapy principles when dealing with a quadriplegic. | | | | | |
| | Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Initiative: | | | | | |
| | Unproductive | Just
Gets
By | Does
His
Share | Frequently
Volunteers | Always Does
More Than
is Expected |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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APPENDIX C
INSTRUCTIONAL
MEDIA AND RESOURCES

APPENDIX C

INSTRUCTIONAL MEDIA AND RESOURCES.	C-3
COMMERCIALLY PRODUCED OVERHEAD TRANSPARENCIES (T).	C-5
GAMES AND SIMULATIONS (G&S)	C-7
PROGRAMMED INSTRUCTION (PI).	C-8
SLIDES (S)	C-16
VIDEO TAPES (VT)	C-18
FILMSTRIPS (FS).	C-23
FILM LOOPS (FL).	C-26
16 MM FILMS (F).	C-28
DISTRIBUTOR LIST	C-53
SOURCES FOR PUBLICATIONS	C-59
OCCUPATIONAL THERAPY AIDE REFERENCES	C-61
OCCUPATIONAL THERAPY TECHNICIAN REFERENCES	C-74
OCCUPATIONAL THERAPIST REFERENCES.	C-97
OCCUPATIONAL THERAPY CONSULTANT REFERENCES	C-144

INSTRUCTIONAL MEDIA AND RESOURCES

It has been said that to provide effective instructional experiences for students, there needs to be effective media and resources to provide the foundations of knowledge. Thus, media and resources, in terms of both hardware and software, have been a primary concern of the project staff in its effort to develop curriculum in occupational therapy. The purpose of this introduction is to relate to the guide users the rationale for developing media and resource lists, the organization and coding of the lists, and how the lists should be used.

In the project, surveys of occupational therapy educators were conducted to ascertain what resources and media were currently being used and could be recommended for use by others. Another source of information was a project under the direction of Lois Mills, O.T.R. at The Ohio State University which reviewed many films, filmstrips, transparencies, video tapes, programmed instruction, and other media related to occupational therapy. The project staff compiled this information and, with the help of occupational therapy consultants the information was organized to relate to the learning modules which had been developed. The result is the list of media and resources presented in this appendix and coded at the end of each educational level.

The resource list contains material coded in the following way:

- T = Commercially Produced Overhead Transparencies
- G&S = Games and Simulations
- PI = Programmed Instruction
- S = Commercially Prepared Slides
- VT = Video Tapes
- FS = Filmstrips
- FL = 8MM Film Loops
- F = 16MM Films

The media list contains pertinent information such as cost, color, length of time, distributor name, etc. to facilitate their order or purchase. A complete list of distributor addresses is located at the end of the media appendix.

It is suggested that the guide user refer to this listing of media and resources as a supplement to his own media and resources. It can also be pointed out that there has been no distinction made as to whether these resources are for teacher use, student use, or both because it is felt that this is a determination that the guide user should make. Another important point to keep in mind is that the listing is in no way an endorsement of any distributor, and it does not reflect the quality or lack of quality of any resource.

The books are listed alphabetically by title according to content area for each module at each educational level. These references are coded by referring the guide user to the page number where the books are listed in the appendix.

COMMERCIALLY PRODUCED OVERHEAD TRANSPARENCIES

Code: T

T#1 Anatomy and Physiology - 142 transparencies and 519 overlays. Set available for \$550.00, includes an instructors guide.

Set: An Introduction	- \$ 36.00
Skeletal System	- \$121.50
Special Senses	- \$ 63.00
Muscular System	- \$ 58.50
Nervous System	- \$ 63.00
Cardiovascular System	- \$ 72.00
Respiratory System	- \$ 45.00
Digestive System	- \$ 49.50
Urinary System	- \$ 31.50
Endocrine System	- \$ 49.50
Reproductive System	- \$ 49.50

An eleven unit course providing a pictorial view of anatomy and physiology.

Source: J.B. Lippincott Company

T#2 Growth: Quantitative and Qualitative - 15-4915-3 - Prepared color transparencies. Contains 20 individual visuals. Teaching-Learning Guide and Teacher-Student Resources are available. Both publications for \$3.00.

Concludes that each successive stage of growth is both quantitative and qualitative, in that size, structure, and function are involved.

Source: Visual Products Division, 3 M Company

T#3 Heredity and Environment Modify Growth - 15-4914-6 - (same description as above)

Describes way in which heredity and environment modify patterns and rate of physical, mental, and social growth.

Source: Visual Products Division, 3 M Company

COMMERCIALY PRODUCED OVERHEAD TRANSPARENCIES

T#4 Interrelated Dimensions of Growth and Development - 15-4912-0
(same description as above)

Interrelatedness exists between physical, mental, and social dimensions of health in the intricate process of growing and developing.

Source: Visual Products Division, 3 M Company

T#5 Influences on Sequential Growth and Development - 15-4911-2
(description same as above)

Describes factors that affect the sequences of growth and development.

Source: Visual Products Division, 3 M Company

T#6 Principles of Body Mechanics - Set of 10 transparencies for \$44.00.

Source: J.B. Lippincott Company

GAMES AND SIMULATIONS

Code: G&S

G&S#1 Awareness: Insight into People

This game is a commercially produced game with four parts to enable a student to develop personal skills in 1) recognize himself and others, 2) how he forms impressions of others, 3) how he learns about others, and 4) being aware.

Source: J. C. Penney Company

G&S#2 Ghetto

Another commercially produced game designed to provide students with insights into the problems of a minority culture.

Source: Local department or book stores

G&S#3 Structured Experiences for Human Relations Training

Pfeiffer and Jones. 1969. Iowa City: University Associates Press.

This is a three volume set containing over 100 different simulations and human relations experiences. It present objectives, materials needed, and directions for conducting the experiences. One of the most comprehensive series on human relations training available.

G&S#4 An excellent learning situation for both students or perspective allied health educators is to have them create board games or simulations. For further information on how to create games or simulations contact:

Dr. Warren I. Paul
Assistant Professor
College of Education
Kansas State University
Manhattan, Kansas

Dr. Herb Heger
Assistant Professor
Urban Education Center
University of Kentucky
Lexington, Kentucky

PROGRAMMED INSTRUCTION

Code: PI

PI#1 Aids to Diagnosis. Seedor, M. 1964. New York City: Bureau of Publications, Columbia University.

\$4.00, 7-8 hours.

Selection of observation is pertinent, well programmed.
Not comprehensive.

PI#2 Analysis of Behavior. Holland & Skinner. 1961. New York City: McGraw Hill Publishing Co.

\$3.50, 12-20 hours, 1,954 frames.

Emphasis on experimental (animal) psychology, not human behavior. Principles, terminology may prove valuable.

PI#3 Anxiety-Recognition and Intervention. New York City: American Journal of Nursing Company.

\$.55

Insight into the problems of anxious patients from the perspective of a nurse. Could be used as supplementary information for occupational therapy education.

PI#4 Basic Concepts of Anatomy and Physiology. Dean, Farrar and Zoldes. 1966. J.B. Lippincott Company.

\$4.50, 1937 frames, 345 pages.

Well organized, well written. Suitable for students, paramedical and college level.

PI#5 Basic Concepts in Anatomy and Physiology. Anthony. 1966. St. Louis, Missouri: C.V. Mosby Co.

\$4.25, 648 frames, 133 pages.

Difficult; much information in short span; better for review than new material. College.

PROGRAMMED INSTRUCTION

- PI#6 Basic Patient Care. Anderson, M. 1965. Philadelphia: W.B. Saunders Co.
\$3.75, 8-10 hours, 234 pages.
Sound basic knowledge. Procedure oriented. More like a workbook than a structured programmed unit.
- PI#7 Basic Psychiatry. Mathis, Pierce and Pishkin. 1968. New York City: Appleton-Century-Crofts.
\$4.95, 128 pages.
Not a true program, but good psychiatry review for concepts and terminology. Postgraduate level.
- PI#8 Biological Basis of Behavior. McGuigan, F.J. Englewood Cliffs: Prentice-Hall.
\$3.95, 1906 frames.
A complete self-instructional programmed guide.
- PI#9 Bones, Joints, and Muscles of the Human Body. McDaniel, Kindig and Putnam. 1965. Beverly Hills, California: Glencoe Press.
\$4.50, 741 frames (text).
Plate booklet and programmed text.
- PI#10 The Brain and Nerves of the Human Body. Kristy and McDaniel. 1968. Beverly Hills, California: Glencoe Press.
\$4.50, 279 frames.
Contains appendix and supplement. Para-medical, college. Excellent for occupational therapy education.
- PI#11 Descriptive Statistics, Gotkin and Goldstein. 1964. New York City: John Wiley & Son, Inc. Vol 1.

PROGRAMMED INSTRUCTION

\$3.95, 16 hours, 225 pages.

Covers population sample and curve. Well written. Easy to follow.

PI#12 Descriptive Statistics. Gotkin and Goldstein. 1965. New York City: John Wiley and Son, Inc. Vol. 2.

\$3.95, 14 hours, 229 pages.

Curve regression and correlation. Follows Vol. 1. Good framing, excellent examples built in.

PI#13 Diagnostic Nomenclature Used in Psychiatry. Medical Field Service School, Ft. Sam Houston, Texas.

Not commercially available. 50 pages, 2 hours.

Simplified method of psychiatric terms for technical level.

PI#14 How to Give an Order. American Management Association. 1968. Saranac Lake, New York.

\$6.00, 129 frames, 48 pages.

Written for hospital supervisors, elementary, but pertinent to occupational therapy.

PI#15 How to Use INDEX MEDICUS. Fulcher, J.M. 1967. Washington Hospital Medical Library, Washington, D.C.

\$2.00, 121 frames, 2 hours.

Helpful for those not acquainted with medical libraries. Well written.

PI#16 Improving Your Written Communication. Parry, S.B. 1963. New York City: Lord Products.

\$14.95, 2-5 hours, 318 pages.

Excellent summary chart, also Pilot Training project. Reviews concepts of communication, guidelines for writing. Not rules of grammar.

PROGRAMMED INSTRUCTION

PI#17 Introduction to Asepsis, Seedor, M. 1963. New York City: Columbia University Bureau of Publications.

\$4.00, 5-8 hours, 274 pages.

Valuable for GM&S area. Treatment techniques well covered for communicable diseases.

PI#18 Introduction to Dental Public Health. Public Health Service, Dental Health Center. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (\$.70)

PI#19 Introduction to Psychology, Student Guide. Hilgard. 1962. New York City: Harcourt, Brace & World, Inc.

1,350 frames, 249 pages.

Definitely need Hilgard's text, as Guide parallels text. Program well written. Uses "cardboard mask".

PI#20 Learning and Human Abilities with Adjunct Program. Klausmeier and Ripple. 1962. Harper & Row.

\$6.50, 550 pages. Adjunct Program, \$3.50, 3000 frames, 336 pages.

Uses "answer cover" but not written responses in book. Good chapter on Statistical and Research Terminology. Dependent on Textbook. Many "recognition" and "completion" items.

PI#21 Living with Children. Patterson, G. 1968. Champaign, Illinois: Research Press.

\$3.50, 117 pages.

Well written, interesting for all professional persons. Also suitable for parents.

PI#22 Major Systems of the Human Body. Putnam, Lightfoot and McDaniel. 1970. Beverly Hills, California: Glenco Press.

200 pages.

PROGRAMMED INSTRUCTION

PI#23 Matter in Motion (4 units), Macrae, Schultz, and Panarea. 1964.
New York City: Macmillan Co. School Dept.

\$8.93, 3-4 hours per unit, 8500 frames.

Covers basic principles of physics. Uses "red cellophane scanner" for responses.

PI#24 Medical Terminology. Smith and Davis. 1963. New York City: John Wiley & Son.

\$4.95, 30 hours, 1483 frames, 200 pages.

Excellent program. Suggests class discussions, medical dictionary, uses "card shields". Lacks clear index for contents and tests.

PI#25 Mental Illness (A Basic Systems Program), Xerox Education Corporation. 1964. Rochester, New York: Xerox Education Corp.

\$13.60, 435 frames, 115 pages.

Good review, well written. Para-medical, college.

PI#26 The Nervous System. Xerox Education Corporation. 1964. Rochester, New York: Xerox Education Corp.

\$13.60, 7 hours, 131 pages.

Good review for professionals. Suited for students. Panel book of diagrams included. Well written.

PI#27 Neuroanatomy. Garrett, F.D. 1964. Coral Gables, Florida: University of Miami, School of Medicine.

\$3.35, up to 150 hours, 278 pages, 1919 questions.

Four textbooks required for references and lab specimen essential. More like workbook than programmed unit. Too much supplementary material required for general use.

PROGRAMMED INSTRUCTION

- PI#28 Neuroanatomy. Sidman and Sidman. 1968. Boston, Mass: Little, Brown and Co.
\$11.50, 1318 items.
- PI#29 Neurophysiological Base for Use of Sensory Stimulation in Treatment of Neuro. Dysfunction. Hannessen. 1964. Los Angeles: U.S.C., School of Occupational Therapy.
\$3.00, 6-8 hours, 93 pages.
Advanced level for professionals. Emphasis on neuro-physiology. Specialized.
- PI#30 Parliamentary Procedure. Lehman. 1962. Garden City, L.I., N.Y.: Doubleday & Co., Inc.
\$4.95, 318 frames 6-8 hours, 347 pages.
No written responses. Need prior parliamentary experience for this to use effectively.
- PI#31 Parliamentary Procedure: Introduction. Gray and Rea. 1964. Chicago: Scott Foresman & Co.
\$1.75, 780 frames, 7 hours, 117 pages.
Excellent introduction to parliamentary procedure for use in professional meetings. Reference: Robert's Rules of Order (revised).
- PI#32 Physician's Liability, Pfizer Laboratories' Spectrum. 1966. New York City.
Free, 2-3 hours, 47 pages.
Review for professional. Acceptable for technical level. Well written with review questions.

PROGRAMMED INSTRUCTION

- PI#33 Physiological Psychology. Kimble. 1963. Reading, Mass: Addison-Wesley Publ.
- \$6.00, 1,507 frames, 15-20 hours, 367 pages.
- Excellent program, content applicable and programming clear. Valuable to all areas of professional field. Use "response mask".
- PI#34 Prefixes, Roots and Suffixes of Medical Terminology. Instructional Systems. USAF Development Team.
- Not commercially available, 274 frames, 2 hours.
- Very basic, introduction for technical level.
- PI#35 Principles of Hand Splinting. Maurer. 1964. American Occupational Therapy Association.
- Available on loan from AOTA. 54 frames.
- Basic information on principles. No direct application to treatment.
- PI#36 Psychopharmacology. Xerox Education Corporation. 1964. Rochester, New York: Xerox Education Corp.
- \$13.60, 534 frames, 4 hours, 152 pages.
- Psych. professionals interested in effects of medication will find this interesting. Well written.
- PI#37 Rehabilitative Aspects of Nursing #19-1220. National League for Nursing. 1966. New York City.
- \$1.75, 2 hours, 50 pages.
- Physical Therapeutic Nursing measures, concepts and goals Well presented. Panel book included. Acceptable for all levels of occupational therapy education.

PROGRAMMED INSTRUCTION

PI#38 Rehabilitation Aspects of Nursing #19-1277. National League for Nursing. 1967. New York City.

PI#39 Statistical Measures: A Programmed Approach - Central Tendency Dispersion, Correlation. Garow, F.F. 1962. San Francisco: Chandler Publishing Co.

\$2.25.

Programmed text.

PI#40 Understanding Hostility. The American Journal of Nursing Company. New York City.

\$.55.

Assessment of attitudes about hostility and suggestions of some constructive approaches for working with hostile patients to help them resolve their hostility or to prevent it from interfering with their care.

SLIDES

Code: S

S#1 Bed Positioning - #210, 20 color and 3 b&w, sale \$138, rental - \$10.00.

S#2 A Procedure for Passive Range of Motion and Self-Assistive Exercises - #220, 85 b&w, sale \$11, rental \$4.00.

S#3 Moving in Bed - #230, 26 color, sale \$13, rental \$4.00.

S#4 Transfers - #240, includes set #241 and #. 2. Sale \$50, rental \$6.00.

S#5 Standing Transfers - #241, 51 color, sale \$25, rental \$4.00.

S#6 Sitting Transfers - #242, 50 color, sale \$25, rental \$4.00.

S#7 Dressing - #250, 27 color, sale \$14, rental \$4.00.

S#8 Equipment - #260, includes set #261, #262, and #263. Sale \$20, rental \$4.00.

S#9 Beds and Bed Equipment - #261, 14 color, sale \$7.00.

S#10 Bathroom Equipment - #262, 10 color, sale \$5.00

S#11 Some Adaptive Devices - #263, 15 color, sale \$8.00.

Source for all of the above: Kenny Rehabilitation Institute.

S#12 Defining Occupational Therapy

Source: American Occupational Therapy Association

SLIDES

S#13 This Kitchen Says, "Please Be Seated"

A home designed for active wheelchairs.

Source: Colorado State University, Occupational Therapy
Department

S#14 Medical Illustration Slides - \$.65 per slide.

Set includes nervous system, reproductive system, heart,
and others.

Source: CIBA Pharmaceutical Company

VIDEO TAPES

CODE: VT

VT#1 Arthritis - 58 min, sd, b&w

Features a patient with classical rheumatoid arthritis. Discusses current concepts of etiology, pathogenesis, and medical and surgical management. Panelists: Dr. Charles L. Christian, Associate Professor of Medicine, Columbia University, College of Physicians and Surgeons; Dr. Richard H. Freyberg, Clinical Professor of Medicine, Cornell University Medical College; Dr. Lee Ramsay Straub, Clinical Professor of Surgery, Cornell University Medical College.

Source: National Medical Audiovisual Center (Annex)

VT#2 The Battered Child Syndrome - 50 min, 1" Ampex

Psychiatrist interviewing 5 year old boy, his mother, then discussion with assistant professor in occupational therapy about what was shown.

Source: Jan Jose State College

VT#3 Clarifying Encounter Therapy - 19 min, 1" Ampex

Explanation of dynamics and characteristics of an encounter group in comments related to an actual group in session.

Source: NCME (Network for Continuing Medical Education)

VT#4 Dealing with the Terminally Ill Patient - 16 min, 1" Ampex

Demonstration of stages a patient goes through once he becomes aware he is dying and discussion of reactions of people around the patient.

Source: NCME

VIDEO TAPES

- VT#5 Evaluation of Psychiatric Patients in Occupational Therapy -
40 min, 1" Ampex
- Three psychiatric patients are presented in evaluative sessions, the first using finger paints, the second clay, and the third both finger paints and clay.
- Source: Nebraska Psychiatric Institute
- VT#6 Evaluation Technique - Gross Sensory Testing - 14 min, 1" Ampex
- Testing tactile sense, position sense and object identification at Rancho Los Amigos.
- Source: San Jose State College
- VT#7 Evaluation Technique - Muscle Testing - 17 min, 1" Ampex
- Testing of middle trapexius, middle deltoid, biceps brachii, and extensor carpi radialis brevis on a patient with above fair power and a patient with below fair power at Rancho Los Amigos Hospital.
- Source: San Jose State College
- VT#8 Group Interaction in a Nursing Home - 20 min, 1/2" Sony
- Demonstrates group of geriatric patients making plans as a group for a luncheon, with much interaction occurring.
- Source: Boston University
- VT#9 Management of the Terminally Ill: The Family - 16 min, 1" Ampex
- Discussion of practical methods to deal with the dying patient.
- Source: NCME

VIDEO TAPES

VT#10 Manufacture of Prenyl Boot - 20 min, 1" Ampex

Demonstration of how to construct a prenyl boot.

Source: Virginia Commonwealth University

VT#11 Manufacture of RIC Plastic Tenodesis Splint - 25 min, 1" Ampex

Brief demonstration of function of tenodesis splint; majority of tape devoted to demonstration of fabrication of splint.

Source: Virginia Commonwealth University

VT#12 MDT for Spastic CP - 32 min, 1" Ampex

Physical and Occupational Therapists showing evaluation and treatment of a spastic CP child.

Source: San Jose State College

VT#13 QT ADL - 15 min, 1" Ampex

Typical day of a severely handicapped post polio.

Source: San Jose State College

VT#14 Occupational Therapy Treatment of Anophthalmia

Description of case, treatment, and progress of 5 year old child with anophthalmia.

Source: Children's Hospital of Michigan

VT#15 The Patient Teaches - 8 min, 1" Ampex

Shows residual muscle power of severely involved patient and supplementary breathing aids (Rocking bed, Nonaghan chest curass, Pneumo belt, G.P. breathing, and neck breathing.

Source: San Jose State College

VIDEO TAPES

VT#16 Perceptual Problems in the Adult Hemiplegic - 30 min, 1" Ampex

Five hemiplegic patients are presented, including an introduction to each and demonstrations of evaluation techniques, ADL, and functional abilities through activities.

Source: St. Francis Hospital in Pittsburgh

VT#17 Recognizing and Treating Acute Rxs to Hallucinogens - 19 min, 1" Ampex

Problem of drug abuse discussed with several drug users, including descriptions of "trips" by users, description of adverse reactions to amphetamines and sedative hypnotics, and suggested therapy.

Source: NCME

VT#18 Rehabilitation - Restoration to Useful Activity - 40 min, 1" Ampex

Three patients, post polio, quadriplegic and U/E bilateral amputee, each at different levels of achievement in the continuum of rehabilitation.

Source: Jan Jose State College

VT#19 Rood Techniques to Inhibit Drooling - 15 min, 1" Ampex

Demonstration of Rood Technique with 7 year-old athetoid CP who has been receiving this treatment for several months.

Source: Virginia Commonwealth University

VT#20 RS: L-Dopa - 19 min, 1" Ampex

Description of effectiveness, side effects and indicated dosages of L-Dopa.

Source: NCME

VIDEO TAPES

VT#21 Wheelchair Adaptations - 12 min, 1" Ampex

Shows a severely involved patient in original wheelchair and shows how it has been adapted to accommodate equipment added to increase functional independence.

Source: San Jose State College

VT#22 Wheelchair Prescription - 27 min, 1" Ampex

Demonstration on how to measure a patient for a wheelchair.

Source: San Jose State College.

FILMSTRIPS

Code: FS

- FS#1 Basic Positioning - 11 minutes, color, includes 33 1/3 record.
Sale - \$30.00 Rental - \$6.00

Demonstrates methods for preventing complications through correct positioning techniques. Supine, prone, side-lying, and sitting positions are outlined.

Source: Kenny Publications Institute

- FS#2 A Guide to Wheelchair Transfer Techniques - 22 minutes, 35 mm, -
33 1/3 RPM record. Sale - \$35.00 Rental - \$5.00

Source: Kenny Publications Institute

- FS#3 Introduction to Sewing - series of 8 filmstrips. Each may be
purchased for \$7.25, or as a boxed set for \$56.00.

Series includes: Basic Sewing Skills, Part I, II, & III
Basic Sewing Tools, Part I & II
Sewing Machine, Part I, II, & III

These filmstrips provide introductory material for the beginning sewing student. Actual classroom situations illustrate beginning methods and techniques for basic sewing. Diagrams, illustrations, and extreme close-ups are presented.

Source: Bailey-Film Associates

- FS#4 Portable Electric Tools - series of 5 filmstrips. Each may be
purchased for \$7.25, with record for additional \$5.00.
Boxed set available for \$60.00.

Series includes: Orbital Sander
Quarter-inch Drill, Part I & II
Belt Sander
Saber Saw

Habits of safety are established for each tool shown, and for the use of power tools in general. The strips detail adjustment methods and show the uses for which each tool is designed.

Source: Bailey-Film Associates

FILMSTRIPS

FS#5 Portable Power Saws, Part I & II - 2 strips, each may be purchased for \$7.25, with record for an additional \$5.00. Set available for \$19.00.

The strips demonstrate both the plastic and the metal encased saws, their parts, accessories, and functions. Safety is emphasized throughout.

Source: Bailey-Film Associates

FS#6 Tools for Metalworking - series of 9 filmstrips. Each costs \$7.25, with record for an additional \$5.00. Set may be purchased for \$88.00.

Series includes: Hammers
Screwdrivers
Pliers, Part I & II
Wrenches
Socket Wrenches
Snips and Hacksaws
Chisels and Punches
Files

The strips identify the parts of each tool, show the method of making adjustments and illustrate proper techniques for use. Safety practices are established.

Source: Bailey-Film Associates

FS#7 Tools for Woodworking - series of 10 filmstrips. Each costs \$7.25, with record for an additional \$5.00. Set may be purchased for \$120.00.

Series includes: Screwdrivers
Automatic Screwdrivers
Hammers
Rip and Crosscut Saw
Coping Saw and Backsaw
Chisels
Hand Drill
Brace and Bit
Jack and Block Planes
Rasps and Clamps

FILMSTRIPS

An overview of the safe and correct use of a variety of hand woodworking tools by describing specific tools in terms of how adjustments are made and techniques for efficient use. Safety practices are emphasized throughout.

Source: Bailey-Film Associates

FS#8 Techniques for Maintenance of Range of Motion - 89 frames, color, silent with mimeographed narration, \$19.00. Available also with 33 1/3 RPM record for \$23.00.

Demonstrates the various passive exercises that can be used in aiding the patient to maintain joint mobility.

Source: The American Journal of Nursing Company

8 MM FILM LOOPS

Code: FL

FL#1 Asepsis: Medical and Surgical - nine film loops, each running 3-4 minutes and each costing \$21.50.

The nine film loops demonstrate the technique, essential to preparing for and carrying out aseptic procedures. Includes handwashing, gloves, gown, etc.

Source: J.B. Lippincott Co.

FL#2 Lifting and Moving Patients - seven film loops, each running 3-4 minutes and each costing \$21.50.

The seven films demonstrate the skills and techniques needed to lift patients and show how the worker can be protected from strain, fatigue, etc., by applying basic principles of body mechanics.

Source: J.B. Lippincott Co.

FL#3 Soldering - eight film loops, each running 3-4 minutes. Cost per loop, \$22.00.

The series describes the steps involved in effective soft and hard soldering, illustrating the theory of why soldering is an effective means for joining metals.

Source: Encyclopedia Britannica Educational Corp.

FL#4 Pottery - 15 film loops, each running 3-4 minutes. Cost per loop ranges from \$17.60 - \$22.00.

Short, precise demonstrations of the steps in making pottery. Includes wedging, pressing, coiling, firing, etc.

Source: Encyclopedia Britannica Educational Corp.

8 MM FILM LOOPS

FL#5 Wood: Hand and Power Tools - 27 film loops, 3-4 minutes each.
Cost per loop, \$22.00.

These loops identify the jobs to which hand tools, machine power tools, and portable power tools are best suited and illustrate the application of a variety of tools to various types of work.

Source: Encyclopedia Britannica Educational Corp.

16 MM FILMS

Code: F

- F#1 Activity For Schizophrenia - 30 min., b&w, 1950
Shows some of the ways in which therapists, under the guidance of psychiatrists, are able to establish inter-personal relationships in schizophrenic patients through intensified physical activities. Illustrates how a patient is motivated from lower levels of activity to more socialized areas.
Source: Veteran's Administration
- F#2 Activity Group Therapy - 60 min., b&w
Activity therapy program for emotionally disturbed children 10-11 years old. Therapist is a social worker. Discusses kinds of diagnoses, method of treatment, goals of treatment. Spans long period of time, showing progress and results of treatment. Very good.
Source: State Mental Health Library, Penn. State University
- F#3 Adventure in Maturity - 22 min., b&w, 1960
A discussion film designed for general adult use. A woman has resigned herself to a rocking-chair existence where she can dream about the "good old days". She is stimulated by a woman friend older than she to learn about opportunities for older women in the community.
Source: International Film Bureau, University of Iowa.
- F#4 After Mastectomy - 20 min., c, 1958
This film illustrates the roles of physician and nurse in the recovery of mastectomy patient. Demonstrates the psychological and physical readjustment of an actual mastectomy patient.
Source: American Cancer Society
- F#5 Age of Anxiety - Part 1 - 27 min., Part 2 - 28 min., b&w
William and Karl Menninger and Walter Cronkite discuss Psychiatry in the 20th Century. Part 1 concerns the role of psychiatry in today's society and the progress that has been made in the care and treatment of the mentally ill. Part 2 reviews treatment of patients and training of professional personnel at the Menninger Clinic and discusses the problems that are involved in providing adequate treatment for the mentally ill.
Source: CBS Television
- F#6 Age of Turmoil - 20 min., b&w, 1952
Illustrates the behavior that reflects the emotional turmoil of the early teenager --- giggling, destructive criticism of school, and unrealistic ideas of his own future.
Source: McGraw-Hill Films, University of Southern California, University of Iowa

16 MM FILMS

- F#7 The Approach to Objects by Psychotic Children - 15 min., b&w
Based on Piaget's developmental theory - showing 5 or 6 psychotic children not fulfilling the developmental task appropriate to their age. Would be clearer if normal children were demonstrated first. Good portrayal of psychotic children and their developmental lag. Clearly outlines Piaget's development of cognitive process. Very short.
Source: New York University Film Library (63892)
- F#8 Assistive Devices for the Physically Handicapped - 12 min., c
Overhead slings, feeders, ball bearing feeder with foot-elbow control, cock up splints with opponans bar and outrigger --- card holder, arm support, micro switches -- control bed, tape recorder, page turner, hydrolic life, electric wheelchair. Described indication for and showed patients using the devices. Descriptions were brief. Would be useful as introduction to adaptive equipment for the severely disabled.
Source: National Foundation
- F#9 Autisms Lonely Children - 25 min., b&w, 1967
Work with autistic children being conducted by Dr. Frank Hewett of the neuropsychiatric school at UCLA with a device called the learning box. Dr. Hewett is shown attempting to teach individual children to talk and to identify objects for the first time. Dr. Hewett concludes with a tentative statement about the possible effectiveness of his approach with other autistic children. (Sponsored by Neuropsychiatric School at UCLA.)
Source: PCR (#31140)
- F#10 The Autonomic Nervous System - 38 min., c, 1952
Neurological innervation of the bladder and bladder function. Not excessively complex content presentation. Possible use with students with difficulty in physiology. For special interest of students in occupational therapy in reference to spinal cord injury.
Source: National Foundation
- F#11 Beginnings of Conscience - 16 min., b&w, 1957
Shows how one's behavior is largely influenced by his conscious - the accumulation of restraints and sanctions which the individual learns as he grows from childhood to maturity through association with social group. Explains that the child is taught moral norms by his social group through speech, force, punishment, exclusion or ridicule.
Source: McGraw-Hill Textfilms, University of Southern California, University of Iowa

16 MM FILMS

- F#12 Bold New Approach - 28 min., b&w
Only definitive film on comprehensive community health centers concept.
Source: National Medical Audiovisual Center Annex
- F#13 Brotherhood of Man (Races of Mankind) - 10 min., c, 1946
Uses animation to prove that differences between the human races are superficial, accidental, and environmental. Explains how, through the driftings of the first people of the earth, there developed three separate races of mankind. Points out that all blood types are found in all races, and have no more relevance than differing skin color to intellectual ability.
Source: University of Iowa, Contemporary Films - McGraw-Hill, University of Southern California
- F#14 Bulletin Boards for Effective Teaching - 11 min., c, 1953
Elements of effective classroom bulletin boards display. Shows selection of a specific topic, selection of materials, planning the arrangement, use of color, lettering, telling a story.
Source: University of Iowa
- F#15 Child Amputee from Infancy to School Age - 12 min., b&w, 1965
Shows the motor signs of readiness of below-elbow prosthesis in an infant ten months of age, and the fitting and use of a passive hook. Demonstrates the addition of a cable system to activate the hook and the child's increasing awareness of its uses through training. Also shows the performance of outdoor activities and games.
Source: University of California
- F#16 Children in the Hospital, Boston City Hospital - 45 min., b&w
Children's reactions to hospitalization, what they mean, how they cope. What staff can do to help good adjustment. Regression, depression, and dependency needs increased. Made in 1962 but has current principles. Excellent film.
Source: International Film Bureau
- F#17 Common Fallacies about Group Differences - 15 min., b&w, 1957
Analyzes seven common notions about races, heredity, and group differences in the light of known scientific evidence. Shows in what ways they are all fallacies.
Source: McGraw-Hill Textfilms, University of Iowa, University of Southern California
- F#18 Cooperation, Competition, Conflict - 19 min., b&w, 1957
Illustrates three kinds of cooperation, such as might be found in a family situation, in a business office or in a

16 MM FILMS

labor-management situation where there is insecurity and latent conflict. Dramatizes types of competition. Latent competition which can lead to conflict. Shows that some situations can involve cooperation, competition, and conflict.

Source: McGraw-Hill Textfilms, University of Southern California, University of Iowa

F#19 Counseling the Mentally Retarded - Part II: The Evaluation of the Retarded Client - 18 min., b&w

Vocational counseling process. Generally useful with first level regarding rehabilitation (vocational).

Source: National Medical Audiovisual Center Annex

F#20 The Diary of Connie McGregor - 28 min., b&w

A documentary film of student nurse's experience in a chronic disease hospital. Its purpose is to develop understanding of the contributions and responsibilities of nursing both physically and psychologically in the rehabilitation of the chronically ill and aged. It reveals the personal satisfaction and professional gratification of the nurse as she helps these patients. (N.Y.U. Medical College Department of Physical Medicine and Rehabilitation in cooperation with U.S. Public Health Services).

F#21 Discovering Color - 16 min., c, 1960

Explains that colors differ in three ways -- hue, value and intensity. Shows how hues are the names given to parts of the spectrum, that between the basic hues are many in-between hues and that the value of any hue can be lightened, lowered or dulled by adding its complimentary hue.

Source: Film Association of California, University of Southern California, University of Iowa.

F#22 Discovering Ideas for Art - 16 min., c, 1966

Suggests various steps in discovering ideas for art -- search out varieties of each object, examine each part of the object and simplify and alter the objects seen.

Examines the relationship of shape, color and texture.
Source: Film Association of California, University of Southern California, University of Iowa

F#23 Dynamics of Leadership Series:

Part I "Anatomy of a Group" - 30 min., b&w

A community-type discussion group is filmed in action, with interruptions by the moderator who illustrates and describes characteristics of groups. Characteristics: Participation patterns, communication, social climate, group standards, organizational structure, and procedures.

16 MM FILMS

Part II "Individual Motivation and Behavior" - 30 min., b&w
Discussion of individual needs, and motives for joining any group, eg., psychological needs. Discussion of forces at work affecting a group, eg., past experiences of individual members. Suggestions of ways to deal with difficult members.

Part III "Diagnosing Group Operation" - 30 min., b&w
Discussion groups again filmed with moderator discussion conflicts occurring in the group, possible causes for conflict, and how they might be handled. Three of the group members are pulled out temporarily and the moderator discussed with them their perceptions of the group. They are then asked to be objective observers while in the group. This series seems to illustrate group dynamics and group process very well with normal functioning adults.

Part IV "Sharing the leadership" - 30 min., b&w
Discussion of definition and function of leadership, leading into various types of roles and functions assumed in a group. These functions are illustrated and labeled in a group in action.

Part V "Roadblocks to Communication" - 30 min., b&w
Discussion of elements of communication. Discussions of filters or blocks to effective communication and suggested methods for improving communication.
Source: WGBH-NET in Boston

- F#24 Effective Listening - 17 min., b&w, 1961
Demonstrates the importance of listening in the communication process, points out the major obstacles to effective listening, and discusses the ways in which good listening habits can be developed.
Source: University of Iowa
- F#25 Essentials of the Neurological Examination - 45 min., c, 1961
Demonstrates the way a relatively thorough neurological examination can be performed without specialized equipment. Techniques are used which can be adapted for bedside use by physicians who are not neurologists. Animated sequences illustrate the organization of the examination and the CNS anatomy. In a live sequence, a physician examines a patient with a relatively common neurological disorder, showing how he carries out tests and arrives at his diagnosis.
Source: Smith, Kline and French Laboratories, Film Reference Guide for Medicine and Allied Sciences

16 MM FILMS

- F#26 Evaluation Procedure - Muscle Testing Technique - 17 min., b&w, sale only
Filmed at RLAH by San Jose State. Demonstrates basic principles illustrated by testing mid. trap., mid. deltoid, biceps, and extensor carpi radialis brevis on patients with above and below fair strength.
Source: Acme Film and Video Tape Lab., Inc.
- F#27 Evaluation Procedure - Gross Sensory Testing - 14 min., b&w, sale only.
Filmed at RLAH by San Jose State. Demonstrates testing tactile sense, position sense, and object identification.
Source: Acme Film and Video Tape Lab, Inc.
- F#28 Eye of the Beholder - 25 min., b&w, 1955. (Language: English, Spanish and Franch)
A psychological training film on perception which dramatizes the fact the "man sees what he wants to see" and that "no two people see the same thing in the same way". By dramatizing it shows the importance of caution in judging other people; the wide range of differences between judgments; the significance of the mechanisms of projection; the importance of two-way communications, including empathy and the rigidity of snap judgments.
Source: University of Southern California, University of Iowa.
- F#29 Eyes and Seeing - 20 min., c, 1969.
Step-by-step investigation of how the eye works. Close-up studies of the parts of the eye and experiments with animals provide a clear distinction between the physical process and the electro-chemical process of seeing. The film concludes with problems to be solved on how the brain evaluates and acts on visual information.
Source: Encyclopedia Britannica Educational Corporation, University of Iowa
- F#30 Ferry to Mainstream - 45 min., c.
This film depicts 3 half-way house situations for psychiatric patients: 1) Horizan House - Philadelphia; provides re-socialization, vocational guidance, education and psychological guidance, 2) Elwyn Institute - Medina, Pennsylvania, Center for emotionally and socially handicapped, both children and adults, and 3) Hart Island, New York, the focus in on alcoholism. Includes shots of the bowry and testimonial statements of clients.
Source: University of Nebraska
- F#31 For Better, For Worse - 28 min., b&w, 1966.
Depicts one evening in the lives of a teenaged married couple. Uses flashbacks to emphasize what they have given up for

parenthood and marriage.

Source: TV, Radio and Film Commission, University of Southern California.

F#32 Fragile Egos - 30 min

Developed from a grant, SRS, to Massachusetts Mental Health Center. Well done film, depicts ex-psychiatric patient functioning in a protected job situation as a secretary for a psychiatrist. She discusses her past and her illness, giving an understanding of her present behavior. Includes sequences of the community living situation where she resides, a trip to the zoo with a friend where she related to animals, and a part of a session with a psychiatrist. Realistic in that it doesn't present a totally rosey picture but neither is it hopeless.

Source: Education Foundation

F#33 From Sociable Six to Noisy Nine - 22 min., c

Shows the typical behavior and sensible parental guidance of several children of six to nine years of age.

Source: McGraw-Hill Textfilms, University of Southern California, University of Iowa.

F#34 From Ten to Twelve - 26 min., b&w/c, 1957

Show some of the characteristics of ten to twelve year old behavior. Presents members of the Jones family as common characteristics are illustrated. Shows the boys as being noisy and messy in appearance, belonging to a gang and having different physical development and personality traits. Depicts the girls as being unsophisticated in some instances and mature in others, sensitive and aware of human relations with adults and very talkative. Gives a variety of examples in which members of this age group react to such behavior as tattling, bickering, and vandalism.

Source: McGraw-Hill Textfilms, University of Southern California.

F#35 Frustrating Four's and Fascinating Five's - 22 min., b&w/c, 1952

Studies the behavior of the four and five-year old child at home and at nursery school. Shows how parents can help children learn to make decisions profit from their experiences, develop a sense of humor and appreciate the meaning of death. Portrays, through Roddy, the typical behaviors of these ages, showing infantile helplessness and vigorous self-assertion at four and the beginning of independence and cooperation at five.

Source: McGraw-Hill Textfilms, University of Southern California, University of Iowa

16 MM FILMS

- F# 36 Functional Anatomy of the Hand - 35 min., c, 1961
Purpose of this film is to teach anatomy of the hand, demonstrating the functional sphere of each of the elements in the hand and forearm. It is an excellent film, and a valuable addition to information on the hand. Approved by American College of Surgeons.
Source: Davis and Gleck, American Academy of Orthopedic Surgeons
- F#37 Functional Clothing - 15 min., b&w
Clothing is modeled and demonstrated that it is designed for the handicapped. Styles are not out of data although principles are good. Describes clothing and dressing features that allow maximum freedom of motion. Good.
Source: Colorado State University
- F#38 The Glob Family - 10 min., c
Animated film portraying globs moving about within the context of a family situation. The sounds are not words but certainly convey a variety of feelings -- anger, love, attraction. Shapes, forms, and movements could be interpreted many different ways, much like Rorschach. Excellent clever, good color, good projective gimmick. Could be used with new students and patients.
Source: Learning Corporation of America
- F#39 Grief - 35 min., b&w, silent, 1947.
A report of the effects on infants of prolonged separation from the mother, or mother substitute during the first year of life, showing the development of reversible depressive behavior patterns of psychotic symptoms. (Professional use only)
Source: New York University Film Library, University of Iowa
- F#40 Handicapped Homemakers Film Series:
The Homemaker with Arthritis - 28 min., c, 1971
Demonstrates stress-saving techniques and selection of proper equipment in meal preparation as well as kitchen planning for the homemaker with rheumatoid arthritis. Shows techniques learned by a homemaker with severe rheumatoid arthritis in order to protect her joints and muscles from further deformity. Explains that patient must ambulate with cane because of marked involvement of hips, knees, and ankles. Professional use only.
- The Homemaker with Incoordination - 28 min., c, 1971
Demonstrates techniques, equipment selection, and safety procedures in meal preparation by the homemaker, with in-

16 MM FILMS

coordination. Shows the techniques used in meal preparation by a homemaker with cerebral palsy. Includes sequences on planning a dinner party, shopping, and varied kitchen tasks. Stresses careful selection and safe use of equipment as in cutting or moving hot pans. Professional use only.

The Homemaker with the Use of One Hand - 28 min., c, 1971
Demonstrates techniques, selection of equipment and kitchen planning used in meal preparation by a homemaker with the use of one hand. Shows the techniques used in meal preparation by a hemiplegic homemaker. States she had a severe CVA five years previously and after rehabilitation returned home to care for her family. Explains that she ambulates without appliances, but there has been no return to function in her upper extremity. Includes sequences at the institute of rehabilitation medicine with two other hemiplegics demonstrating homemaking retraining in occupational therapy.

The Homemaker with Weak Upper Extremities - 28 min., c, 1971
Demonstrates methods to overcome loss of function in upper extremities in meal preparation activities, kitchen planning for the wheelchair user and selection of equipment for use by quadriplegic who lives independently in own apartment. Demonstrates wheelchair-to-auto transfer and driving skills.

Source: National Medical Audiovisual Center Annex.

F#41 Hands - 28 min., c, 1958

A group of ceramic figurines made by a chronic schizophrenic patient in occupational therapy is featured in this film. The figurines are used by the occupational therapist and the psychiatrist to present the patient's case and trace her improvement. Only the hands of the cast are seen throughout the film. Recommended for professional groups interested in ancillary techniques in psychotherapy.

Source: Nebraska Psychiatric Institute

F#42 Health Heroes, The Battle Against Disease - 11 min., b&w, 1959

Presents the contributions of five men in the battle against disease. Shows how Van Leeuwenhoek began the study of germs by improving the microscope, how Jenner developed the concept of vaccination, how Pasteur's and Koch's study of germs threw new light on the causes of disease, and how Lister helped demonstrate the relationship between sanitation and health.

Source: Coronet Films, University of Iowa

16 MM FILMS

- F#43 Hello, Up There - 10 min., c
Animated figures -- mostly, however, children's drawings with children describing their reactions to big people, primarily parents. Eg., one father is like a telephone pole with no lines in; another grandparent is very loving and giving. Might be useful in demonstrating association of color and affect. Good possibly for first level students. An introduction to use of activity for evaluation -- could precede an assignment for student to obtain similar material from a child. Also possibilities for second level students for introduction to experiential learning assignment to evaluate a patient or a child patient.
Source: Learning Corporation of America
- F#44 High Wall - 32 min., b&w, 1952
Treats the problems of the 'high wall' of prejudice as developed in children by their parents. A white-collar neighborhood gang fight ends in hospitalization of two teenage boys, one of Polish extraction. A review of the boys' lives by a psychiatrist and social worker points out how prejudice was gradually built up in one through discriminatory attitudes of his socially and economically frustrated parents. His sister, less susceptible to family frustrations, makes an adequate adjustment in her life.
Source: McGraw-Hill Textfilms, University of Southern California, University of Iowa.
- F#45 The Hospital - 14 min., c, 1966
Shows that the hospital is equipped to function as a city within a city. Depicts the efficiency of the hospital staff as it administers to its patients.
Source: Encyclopedia Britannica Educational Corporation, University of Southern California.
- F#46 How to Conduct a Discussion - 25 min., b&w
Principles of good group discussion; types of leadership. To summarize or not, qualities of a good leader, qualities of good discussion group.
Source: Encyclopedia Britannica Educational Corporation, University of Southern California, University of Iowa.
- F#47 How to Make and Use a Diorama - 20 min., c, 1956.
Demonstrates the construction of the Diorama framework and the preparation of its realistic miniature scenes.
Source: McGraw-Hill Textfilms, University of Southern California, University of Iowa.

16 MM FILMS

- F#48 How to Make Potato Prints - 12 min., c, 1955
Elementary school students demonstrate the steps involved in making potato prints. Award winner in the Stamford Film Festival.
Source: Bailey Films, Inc.
- F#49 Human Body Series:
- Digestive System - 14 min., b&w/c, 1958
Animation, x-ray, and live action scenes of the major system - to breakdown chemically the complex nutrients, carbohydrates, proteins, and fats into simple food materials. The roles played by the salivary glands, esophagus, stomach, pancreas, liver, gall bladder, and small and large intestines are clearly defined and related to each other.
- Excretory System - 14 min., b&w/c, 1960
A step-by-step study of the structure and functions of the excretory system is presented. The main organs of the system, the kidneys, are explained in detail. Shows that through the processes of filtration of wastes and the re-absorption of needed nutrients, the kidneys carry on their main function - regulation of the composition of blood. The role of the skin in removing water from the body is also discussed.
- Muscular System - 14 min., b&w/c, 1962
This film looks at the three types of muscle which make up the human musculature system. The structures and function of voluntary muscle tissue is explained in detail, using photomicrography, models and animation. Laboratory demonstrations illustrate the role of the nerve impulse in muscular contraction. The film also explains the role of ATP in the complex chemical process of muscular movement.
- Respiratory System - 14 min., b&w/c, 1961
This film locates and describes the organs of the respiratory system and shows in animation and live demonstrations the mechanics of ventilation and the physics of diffusion between alveoli and capillaries. We see the effect on the respiratory system in providing needed oxygen and eliminating carbon dioxide.
Source: Coronet Films, Film Reference Guide for Medicine and Allied Sciences, University Of Iowa
- F#50 Human Reproduction - 20 min., c, 1966
Analyzes the structure and function of the male and female reproductive organs, the fertilization process, the development of the fetus and the birth process. Points out the psychological emotional and moral aspects of the human reproductive process.
Course: McGraw-Hill Textfilms, University of Southern California

16 MM FILMS

- F#51 Improving Your Posture - 11 min., c, 1970
Shows the kinds of messages that poor posture communicates. Excellent models of standing, walking and sitting positions are illustrated, with simple directions for attaining them.
Source: Coronet Films, University of Iowa.
- F#52 The Independent Quadriplegic - 30 min, c, silent
Demonstrates dressing, light hygiene, eating, transfer and writing aids used in work.
Source: Montecello State Hospital
- F#53 Inner World of Aphasia - 24 min, c.
This film depicts psychological, perceptual, and family aspects of the treatment of aphasia. The patient's overt impaired speech patterns are presented, as well as his inner thoughts. Effects of insensitive medical and nursing practices are also portrayed.
Source: Edward Feil Productions
- F#54 Kinetics and Orthotics - 25 min., c
Brief demonstration of UE motions in ADL - normal. PT - C5 below - Muscle test demonstrations motions and goals in regard to motion function. Tubular Spring Clip Splints Artificial muscle. Good film for use with Spinal Cord Injury.
Source: International Society for the Rehabilitation of the Disabled
- F#55 Lonely Night (Parts I and II) - 62 min., b&w, 1954
The detailed story of a girl's journey out of the shadows of fear and self-destructiveness, the Lonely Night shows the process of psychiatric treatment candidly and completely and, at the same time indicates a way of life that can make psychiatry unnecessary for most people.
Source: Film Reference Guide for Medicine and Allied Sciences
- F#56 LSD - Insight or Insanity - 18 min., c, 1967
Documents the dangers in unsupervised, capricious use of LSD. Explains what medical sciences know of its physiologic and psychologic actions. Discusses some of the erroneous claims made for the use of LSD.
Source: Bailey Films, Inc., University of Southern California, University of Iowa
- F#57 Man and His Culture - 15 min., b&w, 1954
Shows, in the imaginative form of a 'Report from Outer Space', how the ways of mankind might appear to visitors from another planet. Considers the things most cultures have in

16 MM FILMS

common and the ways they change as they pass from one generation to the next.

Source: Encyclopedia Britannica Education Corporation, University of Southern California, University of Iowa.

F#58 Man to Man - 30 min., b&w

This film is focused primarily on the relationship of two people: an elderly man who cannot feed himself and will not speak or respond when approached; and a psychiatric aide, who refuses to be discouraged even though the case seems hopeless. The story reveals the aide's realization of the satisfaction to be gained from playing an important role in the treatment that brings mentally ill patients back to health.

At the same time the team approach of the hospital staff, glimpses of ward life and hospital routine are effectively and unobtrusively introduced.

Source: Film Reference Guide for Medicine and Allied Sciences.

F#59 Meaning of Adolescence - 16 min., b&w, 1954

An overview of the social, emotional, mental and physical changes which occur in the adolescent with suggestions on how adults can help.

Source: McGraw-Hill Textfilms, University of Southern California, University of Iowa.

F#60 Meeting the Needs of Adolescents - 19 min., b&w, 1953

Depicts a family with a boy of 14 and a girl of 17. Shows how their physical and mental needs are met, how they are guided in their spiritual growth, and how parents can develop their social consciousness.

Source: McGraw-Hill Textfilms, University of Southern California

F#61 Mental Symptoms Series:

Schizophrenia, Simple-Type, Deteriorated - 11 min., b&w, 1951

Presents a characteristic picture of chronic, simple schizophrenia. A female patient about forty years of age, psychotic for more than ten years is presented. Symptoms of apathy, indifference, inappropriate emotional reaction, gracelessness of posture, lack of ambition and initiative, and hallucinations are portrayed.

Schizophrenia, Hebephrenic Type -

Demonstrates the chief manifestations of Hebephrenic schizophrenia. A male patient, hospitalized for thirteen years,

16 MM FILMS

is presented and in interviews with a psychiatrist, we see such symptoms as untidy appearance, stereotyped mannerisms, irrelevant and incoherent speech, disorganized thinking and poverty of ideas, and the senseless laughter and grimacing which characterized the hebephrenic.

Paranoid Conditions - 12 min., b&w, 1951

A demonstration of some manifestations of paranoid conditions. Two patients are presented, the first, an acute paranoid admitted to hospital six months previously and exhibiting a delusional system in which the government and religion play an important role; the second, a chronic paranoid with delusions of persecution by a powerful group which has been spying on her with recorded devices for years.

Organic Reaction Type - Senile - 10 min., b&w, 1951

A demonstration of some manifestations of the organic syndrome. Two patients are presented -- a woman and a man -- both suffering from senile psychosis, the most common form of organic mental disorder. In interviews with a psychiatrist impairment of intellectual functions is evidenced in such symptoms as loss of memory, disorientation in time, perseveration of ideas, confabulation, brief span of attention, and delusions.

Depressive State #1 - 10 min., b&w, 1951

A demonstration of some manifestations of the agitated form of severe depression. A middle-aged patient suffering from recurrent depressions is presented. The patient is shown on two occasions, first in the evening and again the following morning, noting the symptoms of pronounced motor agitation, depressed mood, feelings of hopelessness and sinfulness, and distinct fluctuations in his mood during the course of the day.

Manic State - 13 min., b&w, 1951

A demonstration of typical symptoms of the hypo-manic state. A patient is presented, exhibiting characteristic symptoms of the chronic manic state, the triad of symptoms which reflect exaggeration of otherwise normal modes of behavior, over activity, increased and accelerated ideation, elation.

Source: American Medical Association, Pennsylvania State University

F#62 Mobile Arm Supports, Part 1, 19 min., 1964, 1970

Betty Yerxa reviews the six criteria for determining the feasibility and training considerations for mobile arm supports, demonstrating with patients.

Source: Cinema Pictures, Inc.

16 MM FILMS

- F#63 More than Words - 14 min., c, 1959
Animated cartoon. Communication, what it is, barriers and facilitators to communication, non-verbal communication. Designed for management audience but has application elsewhere. (Points out non-verbal education.) Good stimulator. Ends on note of let's go with fairness, honesty and openness. so we know where we stand.
Source: Harry Strauss, University of Iowa
- F#64 Motion Study Principles - 28 min, b&w
Demonstrates eleven principles of motion study. Demonstrates arm and body movement.
Source: University of Iowa
- F#65 The Moving Finger Writes - 8 min., c
EMG of middle finger. Useful late in Kinesiology, or at graduate level.
Source: Hand Research, Highland View Hospital
- F#66 Muscle Breathing Patterns in Poliomyelitis - 15 min., c
Analysis of breathing, supine or standing, paralysis of diaphragm, chest muscle, neck muscle, and abdominal muscle.
Source: National Foundation
- F#67 Muscle Contraction - c
Three films - electrical, chemical, mechanical. Physiology of muscle contraction.
Source: Encyclopedia Britannica Educational Corporation
- F#68 Muscle Function in the Fingers - 25 min., c.
Presents one theory on intrinsic action in the hand.
Source: H. Graham Stack
- F#69 Nerve Block and Nerve Lesions - Series of four films,
10-13 min each, b&w
Content of all films is highly concentrated. Had good indication of sensory distribution and sample of abnormal movements. All films devoted most time to anatomy. May be useful for review, not for instruction. They are difficult to follow.
Source: National Foundation Professional Film Library,
c/o Associated Films
- F#70 Nursing Care: The Cardiac Patient - 23 min., c, 1966
Illustrates the hospital corpsman's part in the care of a patient suffering from myocardial infarction, covering such details as frequent taking of vital signs, administration of oxygen, awareness of effects of anticoagulant therapy, bathing, feeding assistance, and observation during patient's gradual recovery. Particular attention is given to the importance of charting and to the corpsman's attitude and

16 MM FILMS

manner toward the patient.

Source: Film Reference Guide for Medicine and Allied Sciences.

- F#71** Nurse, Physician, Hospital and the Law - 31 min., b&w, 1967
The purpose of this film is to illustrate the responsibility of a hospital for negligence or malpractice on the part of its employees. By enacting a preliminary meeting between the attorney and the participants in a suit, this film illustrates this responsibility.
Source: Roche Laboratories
- F#72** Occupational Therapy: Evaluate Function of Hemiplegic Patient - 11 min., c
Techniques of evaluation - gross functional motions (hand to mouth, hand to nape of neck - determined reason through passive motion). Motor patterns - repetitive. Five motor patterns. Perceptual defects. Position sense. Anesthesiometer. Test for Stereognosis. No speech of test for aphasia - all motor, sensory, functional.
Source: National Medical Audio Visual Center Annex
- F#73** Of Time, Work and Leisure - 29 min., b&w, 1962
Study by Sebastian de Grazia. Suggests that, in a work oriented clock dominated we have earned "time off", but have somehow lost the ability to appreciate true leisure.
Source: University of Iowa, National Educational Television, University of Indiana.
- F#74** Operation Behavior Modification - 40 min., b&w, 1966.
Operant conditioning program with retarded girls.
Source: National Medical Audiovisual Center Annex.
- F#75** Our Changing Family Life - 22 min., b&w, 1957
Compares the family relationships and way of life of a farm family and an urban family of today with the farm family of 1880. Describes the farm family of 1880 as a closely knit economic unit rather definite pattern and illustrates the relationships of each family member and the division of labor. Explains several factors affecting the family unit resulting from the Industrial Revolution.
Source: McGraw-Hill Textfilms.
- F#76** Partners in Play - 20 min., b&w, 1967
This is a good film for first level. It is about growth through play. The emphasis is on the retarded and the developmental necessity of a range of successful play experiences. Filmed at Parsons State Hospital. Introduced by Henry Leland, Ph.D.
Source: National Medical Audiovisual Center Annex.

16 MM FILMS

- F#77 People are Different and Alike - 11 min., c, 1967
It's easy to see differences among people - how they look, where they live, and what they own. But people are more alike in the important ways; they need friendship and love; food and a place to live; they want an education, fun and happiness. Shows vividly that people are more alike than different.
Source: University of Iowa
- F#78 Physical Manifestations and Goals of Treatment for Parkinson's Patient - 6 min., c, 1967
Points out physical manifestations and expected goals of treatment for the Parkinson's patient.
Source: National Medical Audiovisual Center Annex
- F#79 Physical and Occupational Therapy of the Burn Patient - 12 min., c
Steps in therapy are outlined for physical and occupational therapy.
Source: U.S. Army Institute of Surgical Research
- F#80 Piaget's Classification - 20 min., c
This film illustrates Piaget's classification of stages of development. Could be used as a reinforcement or repetition tool.
Source:
- F#81 Place for Healing - 27 min., b&w, 1956
This is the story of a small boy's hospital experiences. Laboratory technicians, student nurses, and auxiliaries are highlighted.
Source: American Medical Association
- F#82 Positive Approach to Psychiatric Patients - 30 min., c, 1955
Depicts those desirable attitudes toward patients' behavior which are necessary to creating the "therapeutic milieu", yet are so difficult for the average employee to visualize.
Source: Film Reference Guide for Medicine and Allied Sciences.
- F#83 Poster Making - Design and Technique - 10 min., c, 1953
Stresses the principles of poster making, including layout, lettering, painting, optical spacing, color contrast and painting. Shows the correct techniques for using chisel-edge, stencil and small brushes.
Source: Bailey Films, Inc., University of Southern California

16 MM FILMS

- F#84 Preface to a Life - 29 min., b&w, 1950
Presents three versions of a boy growing up. The film opens upon Michael Thompson, a newborn baby -- a human being with certain unique potentialities. The development of his personality will be greatly influenced by the experiences he has with parents, friends and teachers -- for they will largely determine the kind of adult Michael will be. The camera follows a series of episodes in his early life, using typical situations that occur during childhood as illustrations of how parental attitudes mold a sound or unhealthy mental outlook in the child. In one set of episodes, we watch the mother, who tries to do everything for Michael, instead of letting him face new situations or deal with his problems in his own way. In another set of episodes, we follow the father whose aspirations for his child make him push Michael ahead at too fast a pace. Finally, in an alternative to both attitudes, we see Michael allowed to develop as an individual, accepted for what he is and appreciated for himself alone. It is this last Michael who is best equipped for success in his marriage and his career and is able, in spite of the usual problems, to live a creative and satisfying life.
Source: National Medical Audiovisual Center Annex.

- F#85 Preface to Life - 30 min., b&w, 1950
Parental influence on a child's developing personality is illustrated by a series of episodes showing the effects of an overly solicitious mother and an overly demanding father; and in contrast, the healthy childhood resulting when both parents accept the child as an individual.
Source: University of Iowa

- F#86 Principles of Development - 17 min., b&w, 1950
Outlines the fundamentals of child growth and development from the point of early infancy. Compares children's likenesses and differences in development at various ages. Explains that development follows a correlated pattern, that development proceeds from general to specific responses and that there is a right time for learning everything. Considers the variables which make each child different.
Source: McGraw-Hill Textfilms, University of Southern California, University of Iowa

- F#87 Principles of Motion Economy - 18 min., c.
Motion economy related to the physically disabled homemaker.
Source: University of Connecticut

16 MM FILMS

- F#88 Principles of Respiratory Mechanics Series, Part II, Mechanics For Breathing - 21 min., c
Mechanics of respiration, muscle and skeletal structure, vital tidal, etc. Level fairly complex. Mechanical concepts and graphing used. May be difficult for students. Possible for students having difficulty in physiology.
Source: National Foundation, American Medical Association
- F#89 Proud Years - 30 min., b&w, 1956
Demonstrates the importance of an active rehabilitation program in the care of physically disabled elderly individuals by contrasting the relatively rapid recovery of an 88 year old woman with a broken hip and the slow rehabilitation of an 81 year old woman who has had a stroke. Stresses the importance of early mobilization and shows actual procedures in physical and occupational therapy.
Source: Center for Mass Communications, Columbia University Press, University of Iowa
- F#90 Psychiatrist in the Community - 15-20 min., b&w
Dr. Lindeman speaks of his research on defining the role of the psychiatrist in the community. This was filmed during a seminar. Language usage and accent of speaker made listening difficult. Might be appropriate for a seminar or at graduate level.
Source: University of Michigan
- F#91 Puppets, (Creative Work and Play) - 15 min., b&w, 1956
How to make puppets, their educational uses, and several ways in which hand puppets motivate children. A puppet play is presented by three college students.
Source: University of Iowa
- F#92 The Questioning Attitude - 20 min., c
Problem solving team applies the questioning approach -- who, what, where how and why in analyzing the old method of processing a drop requisition and arrives at a better and easier way for doing the job.
Source: American Medical Association (#173)
- F#93 Reinforcement Therapy - 45 min., b&w, 1966
Reinforcement therapy presents three experimental programs that apply learning theory to the treatment of mentally and emotionally disturbed children and adults, and to the teaching of the mentally retarded. The basic premise underlying reinforcement therapy is that man tends to behave in ways that avoid undesirable consequences, such as punishment or pain. This film shows how learning theory techniques can be used to so structure the environment that patients are directed more and more toward normal, socially

16 MM FILMS

desirable behavior. This film is recommended for showing in state hospitals, and in particular, for specialists and residents in psychiatry.

Source: Smith-Kline-French Labs

- F#94 Report on Down's Syndrome - 21 min., c, 1963
A comprehensive statement of Down's syndrome previously called mongolism from its first description. The film outlines general characteristics and treatment.
Source: International Film Bureau
- F#95 The Return - 40 min., b&w
Shows how the medical team of doctors, nurses, psychologists, occupational therapists, vocational counselors and social workers cooperate to help return a disabled young man to active life.
Source: American Physical Therapy Association
- F#96 Roots of Happiness - 25 min., b&w, 1953
Shows life in Puerto Rico by investigating the interrelationships in a family situation; although the economic means determines the level at which the family can live, it does not control the feelings and actions among the members. The child learns by imitation of adult behavior.
Source: Mental Health Film Board, International Film Bureau, University of Iowa
- F#97 Say What You Mean - 20 min., b&w, 1958
Dramatizes events in the life of a student and other members of a college speech class and shows how to choose language that clearly states an idea, is appropriate for the listener and is forceful.
Source: McGraw-Hill Textfilms, University of Southern California, University of Iowa
- F#98 Schizophrenia, the Shattered Mirror - 60 min., b&w, 1967
Elements from the experiences of persons afflicted with schizophrenia presented to evoke understanding in the viewer rather than an aversion. Research being conducted to develop a better knowledge of the disease.
Source: Pennsylvania State University
- F#99 Series on Psychotherapeutic Interviews:
Part I - "Introduction" - 11 min., b&w
Film is a seminar situation with a leader and 4-6 participants. Leader discusses four basic principles in interviewing:
1) Develop good relationship with patient, 2) engage in goal-directed planning, 3) focusing on material, direct patient in pertinent areas, 4) minimal activity on part of therapist.

.16 MM FILMS

Part II - "Method of Procedure" - 32 min., b&w

This film consists of an introduction, interview of a patient and summary. The patient is a male, 30+ years old, whose chief complaint is pain in his leg. Written blurbs at the bottom of the screen describe significance of what both patient and therapist are doing. Effectively concretizes vague and abstract concepts -- both verbal and non-verbal. Summary describes general purpose of what the therapist was doing.

Part III - "Non-Verbal Communication" - 27 min., b&w

A beginning film for training psychotherapists in insight therapy interview techniques. It secondarily shows how non-verbal communication is used both by patient and physician, the psychiatrist using it consciously to move the interview and achieve his goals. Well done. Question its usefulness with undergraduate students. Subtitling of behavior as it occurred was useful.

Part IV - "Clinical Picture of Claustrophobia" - 31 min., b&w

Filmed interview for 40+ year old white male by psychiatrist who uses Rogeria Techniques primarily - reflects and directs by emphasis on words he uses. Patient uses many mannerism that would lend the film to use in developing observation skills. He seems to be a good example also of a male hysteria with somatic concerns. Discusses negative feelings toward mother, death of father, illness of wife and the victim he has become of these things.

Source: Ohio Mental Health Association, Free University of Kansas

F#100 The Skilled Worker - 27 min., b&w, 1958

Considers the problems of the skilled worker who is displaced by a machine. Points out how the worker finds it difficult to adjust to another job.

Source: McGraw-Hill Textfilms, University of Southern California, University of Iowa

F#101 Social Class in America - 16 min., b&w, 1957

Follows the lives of three young men representing the lower, middle and upper classes. Shows how their classes and social status affect their choice of occupation and way of living. Points out that it is not impossible to change one's social status under certain conditions and introduces such terms as "vertical mobility" and "horizontal mobility".

Source: McGraw-Hill Textfilms

16 MM FILMS

- F#102 Some Functional Problems of the Hemiplegic Patient - 11 min., c.
This film shows problems of the hemiplegic patient in carrying out daily activities such as coming to a sitting position, transferring from wheelchair to bed, wheelchair to toilet, chair to tub, and in dressing.
Source: American Rehabilitation Foundation
- F#103 Spinal Cord Injury: The Functional Expectations as Related to Level of Injury - 25 min., c
Demonstrates key muscle groups necessary for maximum independent movement as related to seven levels of spinal cord injury. Emphasizes skin care, splinting, shows various kinds of adaptive equipment, importance of self care, vocational implications. Very well done. Might be useful with families of patients.
Source: Film Library, American Academy of Orthopedic Surgeons Associated Films.
- F#104 Steps of Age - 25 min., b&w, 1951
A woman of 62 at the critical point when she is crossing into the last quarter of her life, shows her confusion and her first uneasy steps toward insight into herself and her problems. Of interest to those who live with older people and who by understanding them, can make life happier and more rewarding.
Source: Mental Health Film Board, International Film Bureau, University of Iowa
- F#105 Stress and the Adaptation Syndrome - 35 min., c, 1956
Presents the concept of stress which led to the recognition of non-specific biological stress. Shows the stages of the general adaptation syndrome and illustrates through animation of endocrine mechanism of stress.
Source: Pfizer Medical Film Library
- F#106 Stroke: Early Restorative Measures in Your Hospital - 20 min., c, 1962
Illustrates simple and effective methods and devices used in rehabilitation of stroke patients. A program of constructive rehabilitation progresses through three stages: 1) proper positioning, 2) transfer activities and early ambulation, and 3) training for self care.
Source: National Medical Audiovisual Center Annex
- F#107 Target: Occupational Therapy - 11 min., c.
Presents briefly, the work done by occupational therapists with physically and emotionally handicapped persons. Stresses that the therapist is a professional member of a team of specialists working toward the rehabilitation of such persons

16 MM FILMS

and that the rewards of a career in occupational therapy are measured in terms of human values.

Source: American Occupational Therapy Association

- F#108 Teaching Functional Activities - 40 min., c, 1953
Techniques of crutch walking with basic principles for stability and safety. Explains the basic principles essential to training patients with paraplegic involvements. Reviews the biomechanics of position exercises. Shows teaching procedures for gait training and function and control for ambulation; demonstration of fundamental activities such as stair climbing.
Source: National Foundation
- F#109 Techniques of Non-Verbal Psychological Testing - 20 min., c
Depicts the psychological evaluation of children who cannot be examined by the usual tests because of very young age, loss of hearing, speech problems, other physical handicaps, or foreign culture background.
Source: International Film Bureau, Inc.
- F#110 Terrible 2's and Trusting 3's - 21 min., b&w/c, 1951
Shows several children in play activities at the age of two and again a year later. Changes in their physical development, interests, and behavior toward each other are pointed out. One of the children, Julia, is also shown at home at the age of two and again at three. Illustrates the things her mother learns about handling Julia, and Julia's relationship with the new baby.
Source: McGraw-Hill Textfilms, University of Southern California, University of Iowa
- F#111 Testing Multiple Handicapped Children - 30 min., b&w
This film demonstrates a technique for evaluating children with multiple disabilities developed at Brooklyn Jewish Hospital. The testing procedure is demonstrated with three different children - one with severe cerebral palsy condition and related speech problem, another with severe visual and auditory impairment, and the third who is hyperactive - distractable with mental retardation. It is planned as a training medium for professional persons involved in the rehabilitation of children with multiple handicaps.
Source: United Cerebral Palsy Association.
- F#112 To Pick a Life - 5 min., c
Dramatizes the professional opportunities and personal rewards experienced by young men and women who pursue occupational therapy as a career. Explains the role of the occupational therapist in the rehabilitation and retraining of the physically handicapped.
Source: American Occupational Therapy Association

16 MM FILMS

- F#113 Toymakers - 30 min., b&w, 1963
A portrayal of the lives of the mentally retarded in institutions. Depicts the range of retardation, from severe to mild, and shows how the institution must develop a varied program to meet the many needs of all the retarded, from those residents who need total nursing care to those who can be trained for work and life outside.
Source: Smith-Kline-French Laboratories
- F#114 Understanding Children's Play - 10 min., b&w, 1949
Explains the significance of children's play from the viewpoint of psychology. Pre-school children are shown reacting to many play materials in a variety of ways, thus revealing to a trained observer their basic personality needs.
Source: New York University, University of Iowa
- F#115 Upper Extremity Harnessing and Control Systems - 23 min., c
Excellent instruction, upper extremity harness and control systems. Produced by Northwestern University for physicians and therapists.
Source: Fred Sammons, Inc.
- F#116 Visual Perception and Failure to Learn - 20 min., b&w, 1966
Depicts difficulties in learning for children who have disabilities in visual perception. Demonstrates the Marianne Frostig tests and outlines a training program.
Source: Churchill Films, University of Iowa
- F#117 Way to Life - 18 min., c, 1967
This film is the unrehearsed and non-scripted commentary of three registered occupational therapy students, as they discuss their patients and their own relationship to the meaning of their profession.
Source: American Occupational Therapy Association
- F#118 Work of the Heart - 19 min., c, 1967
Provides close-ups of the structure and functions of the heart and operating rooms, cardiac laboratories, heart models, and photomicroscopy. Includes a view of the mitral valve in a living heart and open chest sequences of living heart in a human body and a laboratory animal. Shows operating procedures to correct certain cardiovascular defects and mentions heart transplants.
Source: Encyclopedia Britannica Education Corporation, University of Southern California
- F#119 Where There's a Will - 28 min., c
Homemakers with various disabilities are shown in their homes taking care of children, cleaning, cooking, being a mother.
Source: University of Connecticut

16 MM FILMS

- F#120 Why Won't Tommy Eat - 19 min
The problem of children who won't eat and what can be done about it. The story of how eating habits are formed. Developing the theme that the basis of feeding habits is laid in early infancy, the film shows a little boy who has lost his appetite and explains why. Weaning, introduction to solid foods, self-feeding and other methods are shown.
Source: Wisconsin University
- F#121 Working and Playing to Health - 35 min., b&w, 1954
This film is about a play which dramatizes a staff meeting of workers in the occupational, recreational and industrial therapy departments. At the meeting they discuss the everyday problems they face on the job. Interpretation is provided by the commentary of a narrator who enacts the role of a psychiatrist. As the problems are discussed in the meeting or by the psychiatrist they are presented in a series of flashbacks as they actually happened. Actually photographed in a state institution, this picture is a behind the scenes record of how these techniques are used effectively to help the patient back to health.
Source: Film Reference Guide for Medicine and Allied Sciences
- F#122 You are There, The Tragic Hour of Dr. Semmelweiss - 27 min., b&w
October 11, 1850. Dr. Semmelweiss is dismissed from his Vienna hospital because of his fight to prevent child-bed fever which, he believes, is due to inattention of the medical profession to sanitary conditions. Portrays a significant highlight in man's fight against superstition and ignorance.
Source: American Medical Association

Distributor List

Acme Film and Video Tape
Laboratory, Inc.
1161 N. Highland Avenue
Hollywood, California 90038

American Academy of Orthopedic Surgeons Film Library
430 N. Michigan Avenue
Chicago, Illinois 60611

American Cancer Society
219 E. 42nd Street
New York, New York 10017

The American Journal of Nursing Company
10 Columbus Circle
New York, New York 10010

American Hospital Association
340 Lake Shore Drive
Chicago, Illinois 60611

American Medical Society Motion Picture Library
535 N. Dearborn Street
Chicago, Illinois 60610

American Occupational Therapy Association
251 Park Avenue South
New York, New York 10010

American Physical Therapy Association
1156 15th Street, N.W.
Washington, D.C. 20005

American Rehabilitation Foundation
1800 Chicago Avenue
Minneapolis, Minnesota 55404

Associated Films, Inc.
512 Bulington Avenue
La Grange, Illinois 60525

Bailey Films, Inc.
6509 De Longpre Avenue
Los Angeles, California 90028

WGBH-NET in Boston
125 Western Avenue
Boston, Massachusetts 02134

Cinema Pictures, Inc.
10212 Hobble Avenue
Mission Hills, California 91340

(CBS) Columbia Broadcasting System
485 Madison Avenue
New York, New York 10022

Churchill Films
662 N. Robertson Blvd.
Los Angeles, California 09969

CIBA Pharmaceutical Company
P.O. Box 1340
Newark, New Jersey 07101

Colorado State University
Department of Occupational Therapy
College of Home Economics
Ft. Collins, Colorado 80521

Columbia University Press
1125 Amsterdam Avenue
New York, New York 10025

Coronet Films
65 East Water Street
Chicago, Illinois 60601

Davis and Geck Film Library
1 Casper Street
Danbury, Connecticut 06810

Educational Foundation
125 Western Avenue
Boston, Massachusetts 02134

Edward Feil Productions
1514 Prospect Avenue
Cleveland, Ohio 44115

Encyclopedia Britannica Educational Corporation
1150 Wilmette Avenue
Wilmette, Illinois 60091

Film Association of California
11559 Santa Monica Blvd.
Los Angeles, California 90025

Fred Sammons, Inc
P.O. Box 32
Brookfield, Illinois 60513

Hand Research
Highland View Hospital
3901 Ireland Drive
Cleveland, Ohio 44122

Harry Strauss Distributing Corporation
31 West 53rd Street
New York, New York 10019

International Film Bureau
332 S. Michigan Avenue
Chicago, Illinois 60604

International Society for the Rehabilitation of the Disabled
21 East 44th Street
New York, New York 10017

Kenny Rehabilitation Institute
1800 Chicago Avenue
Minneapolis, Minnesota 55404

Learning Corporation of America
711 Fifth Avenue
New York, New York 10022

J.G. Lippincott Company
East Washington Square
Philadelphia, Pennsylvania 19105

McGraw-Hill Contemporary Films:
(Eastern Region)
Princeton Road
Hightstown Road, New Jersey 08520
(609) 448-1700

(Midwest Region)
828 Custer Avenue
Evanston, Illinois 60202

(Western Region)
1714 Stockton Street
San Francisco, California 94133
(415) 362-3115

McGraw-Hill Textfilms
330 W. 42nd Street
New York, New York 10018

Mental Health Film Board
8 East 93rd Street
New York, New York 10028

Montebello State Hospital
2201 Argonne Drive
Baltimore, Maryland 21218

National Foundation
800 Second Avenue
New York, New York 10017

National Medical Audiovisual Center (annex)
Station K
Atlanta, Georgia 30324

(NCME) Network for Continuing Medical Education
Master Videotape Library
19 Columbus Circle
New York, New York 10023

Nebraska Psychiatric Institute
602 S. 44th Avenue
Omaha, Nebraska 68105

(PCR) State Mental Health Library
Psychological Cinema, Register
Audiovisual Services
Penn State University
3 Pattee Library
University Park, Pennsylvania 16802

J. C. Penney Company
Educational and Consumer Relations
1301 Avenue of Americas
New York, New York 10019

Roche Laboratories
Department of Education
Kingsland Street
Nutley, New Jersey 07110

San Jose State College
Instructional Television
San Jose, California 95114

Saint Francis Hospital of Pittsburgh
45th Street
Pittsburgh, Pennsylvania 15201

Smith-Kline French Labs
Medical Film Center
1530 Spring Garden Street
Philadelphia, Pennsylvania 19130

H. Graham Stack, F.R.C.S.
Westhay, Mount Avenue
Hutton, Essex, England

TV, Radio and Film Commission
The Methodist Church
1525 McGavock Street
Nashville, Tennessee 37205

United Cerebral Palsy Association
321 W. 44th Street
New York, New York 10036

U.S. Department of the Navy
Medical Film Library
National Naval Medical Center
Bethesda, Maryland 20014

U.S. Army of Surgical Research
Brook Army Medical Center
Houston, Texas 78234

1969, 1970 supplement to film reference guide for medical and allied sciences:

(USPHS) United States Department of Health, Education and Welfare
Public Health Service
National Institutes of Health
National Library of Medicine
National Audio Visual Center
Atlanta, Georgia 30333

University Associates Press
Iowa City, Iowa

University of Connecticut
Audio Visual Center
Stoors, Connecticut

University of Iowa
Audiovisual Center
Iowa City, Iowa 52440

University of Michigan
Director, A-V Education
720 East Huron Street
Frieze Building
Ann Arbor, Michigan 48104

University of North Carolina
Bureau of Audio Visual Education
711. Obernath Hall
Chapel Hill, North Carolina

University of Southern California
Division of Cinema
Film Distribution Section
University Park
Los Angeles, California 90007

Veterans Administration
Central Office Film Library
Washington, D.C. 20420

Virginia Commonwealth University
School of Occupational Therapy
Academic Center
Richmond, Virginia 23220

Visual Products Division
3M Company
Box 3344
St. Paul, Minnesota 55101

SOURCES FOR FREE OR LOW COST PUBLICATIONS

American Cancer Society, 1550 West Eighth Street, Los Angeles 90017

American Heart Association, 44 East 23rd Street, New York, New York 10010
American Heart Association, Los Angeles County Heart Association,
2405 West 8th Street, Los Angeles 90057

Arthritis Foundation, 1212 Avenue of American, New York, New York 10036
Arthritis Foundation, Southern California Chapter, 8576 Wilshire Boule-
vard, Beverly Hills, California 90211

Federal Grant News. National Association of State Mental Health Program
Directors, 1107 19th Street, N.W., Washington, D.C. 20006

Geriatrics Monthly. Lancet Publications, Inc., 84 South 18th Street,
Minneapolis, Minnesota 55403

Gerontological Society. 660 South Euclid, St. Louis, Missouri 63110

Handbook for Volunteers in the Field of Aging. Division of Services for
the Aging, Kansas State Department of Social Welfare, Topeka,
Kansas 66612

NARC - Action Together. National Association for Retarded Children,
2709 Avenue E. East, Arlington, Texas 76011

National Council on the Aging, Publications Office, 315 Park Avenue South,
New York, New York 10010

National Multiple Sclerosis Society, 270 Park Avenue, New York, New York
10017

National Recreation Association, 8 West Eighth Street, New York, New York,
10411

National Tuberculosis and Respiratory Diseases Association, 1740 Broad-
way, New York, New York 10019

Oregon's Handbook for Volunteers Serving the Aged. Oregon State Board
of Education, Salem Oregon

President's Committee on Mental Retardation, Washington, D.C. 20201
(Write requesting to be placed on their mailing list.)

Programs for the Handicapped. Abstracts of Mental Retardation Research
Projects Funded by the Vocational Rehabilitation Administration,
United States Department of Health, Education, and Welfare.
(This publication can be obtained from the U.S. Government Printing
Office, Washington, D.C. #1967 - 272-595.)

Public Affairs Pamphlets. 381 Park Avenue South, New York, New York 10016

Superintendent of Documents, United States Government Printing Office,
Washington, D.C. 20201

United States Department of Health, Education, and Welfare, Public Health
Service, Division of Chronic Diseases, Washington, D.C. 20201

Washington Report on the Medical Sciences. Washington Press Building,
14th and F Street, N.W., Washington, D.C. 20004

GENERAL REFERENCES FOR THE INSTRUCTOR

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NANCY H. TALBOT. Medford, Mass: Pothier Brothers
Printers, Inc., 1968.
- Occupational Therapy Assistant Program. Wisconsin State
Board of Health, 1968.

MODULE 1: WHAT IS HEALTH CARE? WHAT IS OCCUPATIONAL THERAPY?

- Manual on Occupational Therapy in Nursing Homes. Missouri
Occupational Therapy Association, Mrs. Shirley Gorden,
952 Cleveland Street, Kirkwood, Missouri.

MODULE 2: THE OCCUPATIONAL THERAPY AIDE

- How To Study. Naval Air Technical Training Command, CNATT-
P-0565 PAT.

- MODULE 3: Adding Life to Years. Bulletin of the Institute of Gerontology, University of Iowa, Iowa City, Iowa.
- Baby and Child Care. BENJAMIN SPOCK. New York City: Duell, Sloan, Pearce, Inc., latest edition.
- Between Parent and Child. H. GINOTT.
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- Introduction to Growth and Family Life. DOROTHY E. BABOCK.
Phila., Pa.: F.A. Davis Co., 1966, 2nd. edition.
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#30. Washington, D.C.: GPO, 1956, revised.
- Your Child From One to Twelve. LEE SALK. New York City:
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MODULE 4: COMMUNICATING WITH PEOPLE

- Basic Principles of Patient Counseling. H.E. PEPLAN. Phila.,
Pa.: Smith Kline and French Laboratories, 1964.
- Let Your Light So Shine. Notely, N.J.: Roche Laboratories.
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1969.
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Inc., 1970.

MODULE 5: DIFFERENT CULTURES AND ATTITUDES

MODULE 6: THE HUMAN BODY

Answers About The Human Body. F. SMITHLINE. New York:
Wonder Books, Grosset and Dunlap, 1969.

The Body in Action. M. WILSON, adapted by A. REIT.
New York: Golden Press, 1962.

The How and Why Wonder Book of The Human Body. M. KEEN.
New York: Wonder Books, Grosset and Dunlap, 1969.

The Wonders of the Human Body. M. KEEN. New York: Grosset
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MODULE 7: DISABLING CONDITIONS

Blood. H. ZIM. New York: Wm. Morrow and Co.

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'I Am Joe's Lung'. RATCLIFF. New York: Readers Digest,
1969.

Mental Illness. New York: Xerox Corporation, 1964.

Our Senses and How They Work. H. ZIM. New York:
Wm. Morrow and Co.,

Your Food and You. H. ZIM. New York: Wm. Morrow and Co.

Your Heart and How It works. H. ZIM. New York: Wm. Morrow
and Co.

MODULE 8: SOLVING PROBLEMS

MODULE 9: USE OF TIME AND RESOURCES

MODULE 10: WORK SIMPLIFICATIONS TECHNIQUES

MODULE 11: SAFETY PROCEDURES AND FIRST AID

First Aid. American National Red Cross. Garden City,
New York: Doubleday and Company, Inc., 1957.
Stanley Tool Guide. Stanley Tools.

MODULE 12: TRANSFERRING AND LIFTING CLIENTS

Basic Positioning Procedures. C.H. COLES and D. BERGSTROM.
Minneapolis: Kenny Rehabilitation Institute, 1969.
Bed Positioning and Transfer Procedures for Hemiplegic.
(Rehabilitation Nursing Techniques - 1) Minneapolis,
Minn.: American Rehabilitation Foundation, 1962.
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Splinting and Bracing With Prenyl. New York: Ortho Industries,
Inc., Lawton Street, 1967.
Transfers for Patients with Acute and Chronic Conditions.
S. JURKOVICH and D. FLAHERTY. Minneapolis Kenny
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Up and Around. (PHS Bulletin No. 1120), U.S. Department of
Health, Education and Welfare, U.S. Government Printing
Office, Washington, D.C., 1964.

MODULE 13: OBSERVATION METHODS

MODULE 14: RELATING TO PEOPLE

MODULE 15: TEACHING METHODS

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C-144

high (.665 to .887) as were the ones among S, P, K, F, and M (.408 to .883). These intercorrelations seemed to indicate that the task analysis identified a cognitive-educational dimension depicted by the first group of variables, and a psychomotor dimension in the second set of variables.

The DOT provides five pairs of work activities or experiences, and the selection of one member of a pair implies the rejection of the other member. However, members of more than one pair can be selected for each duty. The percentage of the 264 duties which related to each of these experiences is presented in Table B.

TABLE B

INTERESTS

10.2%	Situations involving a preference for activities dealing with things and objects.	-vs-	61.0%	Situations involving a preference for activities concerned with people and the communication of ideas.
31.1%	Situations involving a preference for activities involving business contact with people.	-vs-	26.5%	Situations involving a preference for activities of a scientific and technical nature.

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C-145

The interests indicate that the duties were seen by the analysts as heavily related with people and their "prestige and presumed good". Notice that the interest which was seen in the largest number of duties (61%) indicates a "preference for activities concerned with people and the communication of ideas".

The temperaments related to the 264 duties are listed below with the percentage of duties in which each temperament was apparent. Temperaments listed in the DOT are abstracted from "different types of occupational situations to which workers must adjust."

TABLE C
TEMPERAMENTS

37.1%	Situations involving a variety of duties often characterized by frequent change.
7.2%	Situations involving repetitive or short cycle operations carried out according to set procedures or sequences.
6.4%	Situations involving doing things only under specific instruction, allowing little or no room for independent action or judgment in working out job problems.
54.2%	Situations involving the direction, control, and planning of an entire activity or the activities of others.

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APPENDIX D

DEVELOPING SELECTION SPECIFICATIONS FOR OCCUPATIONAL THERAPY

This appendix details the procedures used to develop selection specifications for each of the four levels in this manual.

INTRODUCTION

For many decades educators have been perplexed by the problems of selection criteria and selection procedures. Fishman and Pasanella studied 580 predictive studies which were conducted between 1948 and 1958.¹ The vast majority of these studies related high school grades to college freshman grade point average. The most obvious deficiency in these studies was their failure to identify the necessary ingredients for successful on-the-job performance. This is frequently referred to as the criterion problem in research studies. Rather than develop a reliable and valid measure of successful job performance, researchers have been content to validate predictors against any available measure such as grades or standardized achievement tests.

In 1943 Crider summed up the problems in a nursing setting as follows:

We could eliminate almost all losses except those due to marriage and illness. All that is necessary is minimum critical scores in intelligence, arithmetic and reading, and refuse to take all those who give evidence of personality problems. This is one-sided where the nursing school merely assures its own success and neglects a large number who could have succeeded.²

In the discussions of twenty years of research in medical education, Taylor concluded that "little or no relationship has been found between scores of performance in medical education and later criterion scores of physician performance."³

A study to determine the predictors of successful clinical affiliation of occupational therapy students was conducted by Amy Lind. The criterion in this study was students' clinical affiliation grades and predictors were generated by the Allport-Vernan-Lindzey Study of Values,

D-2/D-3

the Edwards Personal Preference Schedule, and the Strong Vocational Interest Blank. Although the multiple regression equations were statistically significant, she concluded that: "As the correlations were low they could be of limited value in predicting performance in the clinical experience of students." A primary recommendation of this study was that "Definition of the role and function of occupational therapy in the treatment and rehabilitation program needs to be more clearly defined."⁴

A logical question in response to the above considerations is, "How do we resolve these issues in view of the shortage of trained occupational therapy personnel?:"⁵ Data needed to solve this problem might be provided by task analysis. These data would furnish a basis for:

- (1) an effective division of worker function and responsibilities within a discipline,
- (2) clearly defined criteria for the development of educational programs, and
- (3) realistic specifications of qualifications needed by individuals selected for these programs.

Through a Health, Education, and Welfare Grant (PHS #5 DO2 AH0096402), "Development of Occupational Therapy Job Descriptions and Curricula through Task Analysis", a team of researchers at The Ohio State University, School of Allied Medical Professions, applied a task analysis procedure to occupational therapy. The task analysis was conducted by teams, each composed of an Occupational Therapist, Registered, and an Occupational Analyst from the U.S. Department of Labor. The analyses occurred at fifteen facilities which were recommended by a Planning Advisory Committee and which fulfilled preestablished criteria related to type of treatment, client group, etc.

The teams identified 264 duties and 1458 tasks which occurred in the facilities and were performed by occupational therapy personnel. This list was reviewed by sixty-seven people associated with occupational therapy education and practice. Based on a significant (.05 one-tailed test) number of the sixty-seven responses, duties were added and deleted. Deletions were basically in the clerical and transportation areas, and additions were in consultation and research. These results maintained 246 of the original duties, and added four duties related to consultation and research, for a total of 250 duties.

With each of the initial 264 duties, a rating was given to the following:

(1) Training Time:

General Educational Development (GED)

Specific Vocational Preparation (SVP)

(2) Aptitudes

(3) Interests

(4) Temperaments

(5) Physical Demands

(6) Working Conditions

These ratings are based on Appendix B of the Dictionary of Occupational Titles (DOT). The General Educational Development (GED) scale was used extensively in the development of selection specifications. The chart on the following page explains the GED scale.⁶ The subject performing each duty was identified as an Occupational Therapist, Registered, Certified Occupational Therapy Assistant, and Occupational Therapy Aide.

The following is a table explaining the various levels of general educational development.

GENERAL EDUCATIONAL DEVELOPMENT

Level	Reasoning Development	Mathematical Development	Language Development
6	Apply principles of logical or scientific thinking to a wide range of intellectual and practical problems. Deal with non-verbal symbolism (formulas, scientific equations, graphs, musical notes, etc.) in its most difficult phases. Deal with a variety of abstract and concrete variables. Apprehend the most abstruse classes of concepts.	Apply knowledge of advanced mathematical and statistical techniques such as differential and integral calculus, factor analysis, and probability determination, or work with a wide variety of theoretical mathematical concepts and make original applications of mathematical procedures, as in empirical and differential equations.	Comprehension and expression of a level to —Report, write, or edit articles for such publications as newspapers, magazines, and technical or scientific journals. Prepare and draw up deeds, leases, wills, mortgages, and contracts. —Prepare and deliver lectures on politics, economics, education, or science. —Interview, counsel, or advise such people as students, clients, or patients, in such matters as welfare eligibility, vocational rehabilitation, mental hygiene, or marital relations. —Evaluate engineering technical data to design buildings and bridges.
5	Apply principles of logical or scientific thinking to define problems, collect data, establish facts, and draw valid conclusions. Interpret an extensive variety of technical instructions, in books, manuals, and mathematical or diagrammatic form. Deal with several abstract and concrete variables.	Perform ordinary arithmetic, algebraic, and geometric procedures in standard, practical applications.	Comprehension and expression of a level to —Transcribe dictation, make appointments for executive and handle his personal mail, interview and screen people wishing to speak to him, and write routine correspondence on own initiative. —Interview job applicants to determine work best suited for their abilities and experience, and contact employers to interest them in services of agency. —Interpret technical manuals as well as drawings and specifications, such as layouts, blueprints, and schematics.
4	Apply principles of rational systems ¹ to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Interpret a variety of instructions furnished in written, oral, diagrammatic, or schedule form.	Make arithmetic calculations involving fractions, decimals and percentages.	Comprehension and expression of a level to —File, post, and mail such material as forms, checks, receipts, and bills. —Copy data from one record to another, fill in report forms, and type all work from rough draft or corrected copy. —Interview members of household to obtain such information as age, occupation, and number of children, to be used as data for surveys, or economic studies. —Guide people on tours through historical or public buildings, describing such features as size, value, and points of interest.
3	Apply common sense understanding to carry out instructions furnished in written, oral, or diagrammatic form. Deal with problems involving several concrete variables in or from standardized situations.	Use arithmetic to add, subtract, multiply, and divide whole numbers.	Comprehension and expression of a level to —Learn job duties from oral instructions or demonstration. —Write identifying information, such as name and address of customer, weight, number, or type of product, on tags, or slips. —Request orally, or in writing, such supplies as linen, soap, or work materials.
2	Apply common sense understanding to carry out detailed but uninvolved written or oral instructions. Deal with problems involving a few concrete variables in or from standardized situations.	Perform simple addition and subtraction, reading and copying of figures, or counting and recording.	
1	Apply common sense understanding to carry out simple one- or two-step instructions. Deal with standardized situations with occasional or no variables in or from these situations encountered on the job.		

¹ Examples of "principles of rational systems" are: Bookkeeping, internal combustion engines, electric wiring systems, house building, nursing, farm management, ship sailing.

INITIAL RESULTS

Table A summarizes the results of the task analysis data for all observed duties in the fifteen occupational therapy facilities. The scales for GED and SVP are explicated in the Appendix of the DOT, and all other ratings are based on the following scale: 5 - bottom 10% of the population, 4 - lower third of the population other than lower 10%, 3 - middle third of the population, 2 - upper third of the population other than top 10%, and 1 - top 10% of the population.

TABLE A
ORIGINAL DUTY RATINGS

Measure	Scale		Standard Deviation	Range
	Low - High	Mean		
GED	1 - 6	4.5	0.9	1-6
SVP	1 - 8	6.0	1.7	1-8
Intelligence (G)	5 - 1	2.1	0.7	1-4
Verbal (V)	5 - 1	2.2	0.7	1-4
Numerical (N)	5 - 1	2.2	0.7	2-5
Spatial (S)	5 - 1	3.6	0.6	2-5
Form Perception (P)	5 - 1	3.7	0.6	2-5
Clerical Perception (Q)	5 - 1	3.3	0.7	2-5
Motor Coordination (K)	5 - 1	3.7	0.7	2-5
Finger Dexterity (F)	5 - 1	3.6	0.7	2-5
Manual Dexterity (M)	5 - 1	3.6	0.7	2-5
Eye-Hand-Foot Coord. (E)	5 - 1	4.6	0.5	3-5
Color Discrimination (C)	5 - 1	4.6	0.6	3-5

The mean GED and SVP levels appeared relatively high. Among the aptitudes, the mean ratings for Intelligence and Verbal were relatively high, while those for Eye-Hand-Foot Coordination and Color Discrimination tended to be low.

Intercorrelations among these variables presented two interesting patterns. The intercorrelations among GED, SVP, G, and V tended to be

Surveying the temperaments which were seen by the analysts in more than a third of the duties seemed to indicate that duties performed by occupational therapy personnel were characterized by the following:

- (1) frequent change,
- (2) direction, control and planning of activities,
- (3) involvement with people in actual job duties, and
- (4) evaluation of information.

Although the above may be frequently encountered in occupational therapy, many of the other temperaments were also represented (e.g. 5% indicates 13 of the 264 duties).

In terms of physical demands, 92 percent of the duties were viewed as being sedentary or light, six percent as medium, and only two percent as heavy or very heavy.

Virtually all of the activities in occupational therapy were seen as being performed inside; only one and one-half percent of the duties involved working both inside and outside.

Each analysis team listed the tasks accompanying each duty and assigned worker function ratings to each task based on the degree to which it required the worker to function in relation to Data, People, and Things. A total of 1458 tasks were reported. The mean, standard deviation, and range for each worker function are given in Table D.

TABLE D
DATA, PEOPLE, THINGS

N=1458					
Worker Function	Scale		Mean	Deviation	Range
	Low	High			
Data	8	0	2.5	1.5	0-8
People	8	0	5.1	2.7	0-8
Things	8	0	6.6	1.5	0-8

The scales utilized for the above ratings are hierarchical, and the means seemed to indicate the tasks had a higher involvement with data than they did with things and people. However, a correlation revealed a low, but significant (.05 level) relationship between data and people which may indicate that the data in the 1458 tasks were derived from or directed to client activities.

O.T.R.'s, C.O.T.A.'s, AIDE

The individual performing each of the 264 duties was identified by title. Analysis of the data indicated no significant difference between O.T.R., C.O.T.A., and Aide in the following areas (for all practical purposes, all groups follow the pattern of the initial results): Interests, Temperaments, Physical Demands, and Working Conditions.

Significant differences were seen in the areas of GED, SVP, and Aptitudes. A summary of the results for these areas is presented below for each classification. Table E summarizes the results of the 264 duties substantiated by sixty-seven occupational therapy practitioners and educators.

TABLE E
APTITUDES BY CLASSIFICATION

	Scale	OTR (N=163)	COTA (N=62)	AIDE (N=21)
	Low - High	Mean/s.d.	Mean/s.d.	Mean/s.d.
1. GED	1 - 6	4.6/0.8	3.8/0.8	3.0/0.6
2. SVP	1 - 8	6.4/1.4	4.3/1.6	3.0/1.1
3. Intelligence	5 - 1	2.0/0.6	2.9/0.6	3.3/0.5
4. Verbal	5 - 1	2.1/0.6	3.0/0.8	4.0/0.4
5. Numerical	5 - 1	3.2/0.7	3.8/0.5	4.3/0.5
6. Spatial	5 - 1	3.5/0.6	3.7/0.5	4.0/0.5
7. Form Perception	5 - 1	3.2/0.6	3.7/0.5	3.3/1.1
8. Clerical Perception	5 - 1	3.2/0.7	3.9/0.6	3.5/0.8
9. Motor Coordination	5 - 1	3.7/0.6	3.6/0.5	3.6/0.5
10. Finger Dexterity	5 - 1	3.5/0.7	3.4/0.6	3.7/0.5
11. Manual Dexterity	5 - 1	3.6/0.7	3.3/0.6	3.5/0.5
12. Eye-Hand-Foot Coord.	5 - 1	4.7/0.5	4.3/0.6	4.1/0.4
13. Color Discrimination	5 - 1	4.6/0.6	4.3/0.7	4.7/0.5

Multivariate discriminate analysis of the original data for these three classes derived a generalized Mahalanobis D-square of 136.5 which, as a Chi-square with 26 degrees of freedom, indicated that these classes were significantly different at the .001 level. Analyses and comparison of the functions for each class indicated that the most variability occurred in the GED, SVP, Verbal, and Numerical ratings.

RESTRUCTURING CONFERENCE

Because the Verbal and Numerical indices are included in the GED scale, and the fact that the individuals attending a conference to re-structure the duties into two or more occupational levels felt that they understood GED, it became the primary tool used to reclassify the 250 duties into levels. For this reason, a brief discussion of the General Educational Development Tests (GED) is included in this paper.

GED tests were originally developed and standardized in 1942 and 1943 by the United States Armed Forces Institute under the direction of E. F. Lindquist and Ralph W. Tyler. The original purpose of the battery was to help returning servicemen demonstrate the extent to which they had secured the equivalent of a general (non-technical) high school education. The tests, to serve this purpose, were designed especially to measure general educational development which results from informal education.

As a result of this testing program, many servicemen who would otherwise have been educationally or vocationally handicapped without a high school diploma were able to demonstrate competence equivalent to that of a typical high school graduate and, consequently, were given diplomas.

Including the original test, thirteen forms have been developed and distributed (the last in 1955), although classified versions have been developed since 1955. The tests have served and continue to serve the following uses:

1. Issuance of secondary school credentials.
2. Determining admission to college.
3. Use within the Armed Forces (qualifying for military assignments, training, and promotion.)
4. Qualification for employment.
5. Self-satisfaction for adults not possessing a high school credential.

Though the tests continue to serve all of these uses, the first two are the most important ones today in terms of frequency. For a more detailed description of these uses see the Examiner's Manual for the

Tests of General Educational Development⁷ and a 1944 article by E. F. Lindquist entitled "The Use of Tests in the Accreditation of Military Experience and in the Educational Placement of War Veterans."⁸

The conference established four levels based primarily on the GED scale although a cognitive-educational index and a psychomotor index were also available. The levels and titles suggested are listed below:

Level 3: Program Support (Occupational Therapy Aide)

Level 4: Program Implementation (Occupational Therapy Technician)

Level 5: Program Supervision (Occupational Therapist)

Level 6: Program Development (Occupational Therapy Consultant)

The original duties were classified by the participants of the restructuring conference into the above GED levels. However, duties were identified which contained components or tasks related to two or more of the new levels. Analysis of the data accompanying the duties which appeared in only one level produced the information displayed in Table F.

TABLE F
APTITUDES FOR RESTRUCTURED LEVELS

	Scale Low - High	Level 6 (N=4) Mean/s.d.	Level 5 (N=79) Mean/s.d.	Level 4 (N=12) Mean/s.d.	Level 3 (N=18) Mean/s.d.
1. GED	1 - 6	5.3/1.0	5.0/0.5	3.8/0.6	3.8/0.7
2. SVP	1 - 8	6.5/2.4	6.9/1.0	5.5/1.6	2.7/0.8
3. Intelligence	5 - 1	1.8/1.0	1.8/0.5	2.3/0.7	3.5/0.5
4. Verbal	5 - 1	1.8/0.5	1.8/0.5	2.4/0.5	3.7/0.5
5. Numerical	5 - 1	3.5/0.6	3.1/0.7	3.5/0.8	3.9/0.5
6. Spatial	5 - 1	3.5/0.6	3.5/0.6	3.5/0.5	4.0/0.5
7. Form Perception	5 - 1	3.5/0.6	3.6/0.5	3.7/0.5	3.9/0.3
8. Clerical Perception	5 - 1	3.3/1.3	3.1/0.6	3.3/0.8	3.8/0.9
9. Motor Coordination	5 - 1	3.5/0.6	3.8/0.5	3.4/0.5	3.7/0.6
10. Finger Dexterity	5 - 1	3.5/0.6	3.7/0.6	3.4/0.5	3.7/0.5
11. Manual Dexterity	5 - 1	3.8/1.0	3.7/0.6	3.4/0.5	3.5/0.5
12. Eye-Hand-Foot Coord.	5 - 1	4.8/0.5	4.8/0.4	4.4/0.7	4.8/0.4
13. Color Discrimination	5 - 1	4.5/0.6	4.8/0.4	4.2/0.8	4.4/0.5

These new levels reflected the same Interests, Temperaments, Environment, and Physical Activities of the original duties. It may be noted that the GED for levels 6 and 5 differed only by .3, and no difference was evident between levels 4 and 3. However, the SVP and other aptitude scales showed a great difference between levels 3 and 4, and seemed to dispel any notion of establishing only two levels. Specific Vocational Preparation seemed to indicate level 5 required more training time than level 6. The mean SVP for level 3 seemed low when compared to the other levels.

RATINGS FOR NEW LEVELS

The four new levels developed by the participants in the restructuring conference were rated by occupational analysts. This was necessary because many of the original duties were divided and classified in more than one level. Five analysts rated all duties in each level and Table G summarizes the results.

TABLE G
NEW APTITUDE RATINGS BY LEVELS

	Scale Low - High	Level 6 (N=25) Mean/s.d.	Level 5 (N=128) Mean/s.d.	Level 4 (N=80) Mean/s.d.	Level 3 (N=55) Mean/s.d.
1. GED	1 - 6	5.3/0.6	4.9/0.6	3.9/0.5	*2.9/0.7
2. SVP	1 - 8	6.4/0.8	*5.7/1.8	*4.2/1.2	*3.4/1.5
3. Intelligence	5 - 1	1.7/0.5	2.0/0.5	*2.7/0.4	*3.0/0.5
4. Verbal	5 - 1	1.8/0.5	2.0/0.5	2.7/0.4	*3.1/0.6
5. Numerical	5 - 1	*2.4/0.6	3.2/0.8	3.6/0.6	3.8/0.6
6. Spatial	5 - 1	3.5/1.0	3.8/0.8	3.9/0.8	3.8/0.8
7. Form Perception	5 - 1	3.7/1.0	3.9/0.8	4.0/0.7	3.8/0.8
8. Clerical Perception	5 - 1	3.9/0.6	3.3/0.6	3.3/0.7	3.9/0.9
9. Motor Coordination	5 - 1	3.9/0.7	3.8/0.5	3.8/0.5	*3.4/0.5
10. Finger Dexterity	5 - 1	4.1/0.8	4.0/0.7	4.0/0.8	3.6/0.9
11. Manual Dexterity	5 - 1	3.9/0.7	3.7/0.5	3.7/0.6	3.3/0.6
12. Eye-Hand-Foot Coord.	5 - 1	4.6/0.6	4.9/0.3	4.9/0.4	4.6/0.6
13. Color Discrimination	5 - 1	4.6/0.6	4.9/0.3	*4.9/0.3	4.6/0.5

*Significant difference (.05 level) from original averages.

The averages of the analysts' new ratings for GED, SVP, and Aptitudes corresponded closely with the averages of the original duty ratings assigned to each level. On level 6, the only significant difference occurred in the Numerical area where the analysts raised the requirements. The only significant change in level 5 was a lowering of the time requirements in Specific Vocational Preparation. Although the analysts lowered all the ratings in level 4, the only ones which were significant were SVP, Intelligence, and Color Discrimination. The analysts' ratings for level 3 differed from the original ratings in that they showed the following significant changes: 1) lowered the GED, 2) raised the SVP, 3) lowered the Intelligence, 4) lowered the Verbal ability, and 5) raised the Motor Coordination.

The physical demands and environmental conditions were seen by the analysts to be sedentary or light and indoors, respectively. However, the interests and temperaments ratings became more specific by level. Level 6, while maintaining an interest in people, indicated an interest in activities of a scientific, technical, and abstract nature. The data for level 3 indicated a high interest in situations involving people and no desire for situations dealing with abstract and technical aspects of occupational therapy. The differences between levels, and the trend as one progresses from level 3 to level 5, is evident in the following discussion.

SELECTION SPECIFICATIONS FOR EACH LEVEL

The following suggestions are based entirely on a detailed investigation of the information cited previously. In addition to the statistical assumptions that the GED, SVP, and Aptitude scales are interval, these suggestions assume that the individual is being selected for occupational therapy related training.

Level 6

The individual should:

1. Have level 5 GED in language, mathematics, and reasoning development.
2. Be in the top 20% of the population in Intelligence.
3. Be in the top 25% of the population in Verbal ability.
4. Be in the top 50% of the population in Numerical ability.
5. Desire activities involving business contact with people.
6. Desire activities involving work with people for their presumed good and prestige.
7. Desire activities involving scientific, technical, and abstract work.
8. Be capable of adjusting to frequent change.
9. Be capable of adjusting to deal with people beyond giving and receiving instruction.
10. Be able to influence the opinions, attitudes, and judgments of others.
11. Be able to evaluate information against sensory or judgmental criteria.
12. Desire indoor employment.
13. Desire a job with very little physical activity.
14. Be able to devote 1 to 2 years to training.

Level 5

The individual should:

1. Have language development at level 5 GED.
2. Have mathematics development at level 4 GED.
3. Have reasoning development at level 5 GED.
4. Be in the top third of the population in Intelligence.
5. Desire situations dealing with people and working for their presumed good and prestige.
6. Desire situations concerning the communication of ideas to people.
7. Desire situations involving the direction, control, and planning of activities.
8. Desire to work with people beyond giving and receiving instructions.
9. Desire situations involving the evaluation of information against judgmental criteria.
10. Desire indoor employment with very few outside activities.
11. Desire a job with light or sedentary physical activities.
12. Be able to devote 1 to 2 years to training.

Level 4

The individual should:

1. Have a GED level of 4.
2. Be in the top 50% of the population in Intelligence.
3. Be in the top 50% of the population in Verbal ability.
4. Desire to work with people for their presumed good.
5. Desire activities resulting in prestige or the esteem of others.
6. Desire activities involving people and the communication of ideas.
7. Desire to deal with people beyond giving and receiving instruction.

8. Desire to influence people and their opinions, attitudes, or judgments.
9. Desire indoor employment.
10. Desire work with mostly light or sedentary physical activity.
11. Be able to devote 6 months to a year to training.

Level 3

The individual should:

1. Have a GED level of 3.
2. Have a preference for working with people, as in the social welfare sense.
3. Desire situations involving people and the communication of ideas.
4. Desire activities of a routine, concrete, organized nature.
5. Desire activities dealing with things and objects.
6. Be able to adjust to duties characterized by frequent change.
7. Desire to deal with people beyond giving and receiving instruction.
8. Desire activities involving the evaluation of information against judgmental criteria.
9. Desire indoor employment.
10. Desire a job involving light or sedentary physical activities.
11. Be able to devote up to 3 months to training.

SUMMARY

This paper presented the data and its various revisions related to the activities in an occupational therapy facility. Based on this data, a restructuring conference established four levels of complexity of a activity in occupational therapy. The duties and tasks in each of the four levels were rated again by occupational analysts, and from these ratings, baseline selection specifications were developed.

FOOTNOTES

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