

2007 Mississippi Curriculum Framework

Postsecondary Occupational Therapy Assistant

(Program CIP: 51.0803 – Occupational Therapist Assistant)

Direct inquiries to

Debra West
Director for Career and Technical Education
State Board for Community and Junior Colleges
3825 Ridgewood Road
Jackson, MS 39211
(601) 432-6518
dwest@sbcjc.cc.ms.us

Stephanie King
Instructional Design Specialist
Research and Curriculum Unit
P.O. Drawer DX
Mississippi State, MS 39762
(662) 325-2510
sbk2@ra.msstate.edu

Additional copies

Research and Curriculum Unit for Workforce Development
Vocational and Technical Education
Attention: Reference Room and Media Center Coordinator
P.O. Drawer DX
Mississippi State, MS 39762
<https://cia.rcu.msstate.edu/curriculum/download.asp>
(662) 325-2510

Published by

Office of Vocational Education and Workforce Development
Mississippi Department of Education
Jackson, MS 39205

Research and Curriculum Unit for Workforce Development
Vocational and Technical Education
Mississippi State University
Mississippi State, MS 39762

The Mississippi Department of Education, Office of Vocational Education and Workforce Development does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability in the provision of educational programs and services or employment opportunities and benefits. The following office has been designated to handle inquiries and complaints regarding the non-discrimination policies of the above mentioned entity: Director, Office of Human Resources, Mississippi Department of Education, 359 North West Street, Suite 359, Jackson, Mississippi, 39201, (601) 359-3511.

Acknowledgments

Writing Team	Sherry Hager, Holmes Community College, Ridgeland, MS Tim Pulver, Pearl River Community College, Hattiesburg, MS Suzanne Chittom, Itawamba Community College, Tupelo, MS
RCU Staff	Stephanie King, Ph.D. – Instructional Design Specialist
Professional Curriculum Advisory Team	Carrie Freeman, MS, OTR/L, Richton, MS Beth Hensarling, MS, OTR/L, Petal, MS Lisa Brown, OTR/L, NMMC Rehab Institute, Tupelo, MS Walker Powell, OTR/L, Tupelo, MS Jessica Nichols, OTR, Magnolia Speech School, Jackson, MS Meagen Mallet, OTA, Madison, MS Theresa King, COTA, Lexington Manor, Lexington, MS Scott Cockroft OTR/L, Kosciusko, MS

Standards in this document are based on information from the following organizations:

Standards for an Accredited Educational Program for the Occupational Therapy Assistant	Reprinted with permission by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association, Inc.
Related Academic Standards	CTB/McGraw-Hill LLC. (1994). <i>Tests of adult basic education, Forms 7 and 8</i> . Monterey, CA: Author. Reproduced with permission of CTB/McGraw-Hill LLC. TABE is a registered trademark of The McGraw-Hill Companies, Inc. Copyright © 1994 by CTB/McGraw-Hill LLC. Reproduction of this material is permitted for educational purposes only.
21st Century Skills	Reproduced with permission of the Partnership for 21 st Century Skills. Further information may be found at www.21stcenturyskills.org

Preface

Postsecondary Occupational Therapy Assistant Research Synopsis

Articles, books, Web sites, and other materials listed at the end of each course were considered during the revision process. The standards for accreditation of programs set forth by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association, Inc. were especially useful in providing insight into trends and issues in the field. These references are suggested for use by instructors and students during the study of the topics outlined.

Industry advisory team members from colleges throughout the state were asked to give input related to changes to be made to the curriculum framework. Specific comments related to soft skills needed in this program included punctuality, initiative, teamwork, time management, problem-solving, creativity, professionalism, and communication skills. Occupational-specific skills stated included ADL skills, transfers, ROM techniques, use of adaptive equipment, wheelchair use, basic daily living skills, task analysis, goniometry, splinting, and positioning. Safety practices emphasized included body mechanics, ergonomics, and general universal precautions.

Instructors from colleges throughout the state were also asked to give input on changes to be made to the curriculum framework. Changes suggested for the curriculum included alignment with newly released standards for an accredited educational program.

Curriculum

The following national standards were referenced in each course of the curriculum:

- CTB/McGraw-Hill LLC *Tests of Adult Basic Education, Forms 7 and 8 Academic Standards*
- *21st Century Skills*
- Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association, Inc. *Standards for an Accredited Educational Program for the Occupational Therapy Assistant*

Industry and instructor comments, along with current research, were considered by the curriculum revision team during the revision process; changes were made as needed and appropriate. Many of the skills and topics noted in the research were already included in the curriculum framework. Specific changes made to the curriculum at the October 2006, curriculum revision meeting included:

- Competencies and objectives were reviewed to ensure accuracy and appropriateness.
- Competencies related to the revised standards for an accredited educational program were added.
- The course Wellness Systems (OTA 1142) was divided into Medical Terminology (OTA 1121) and Healthcare Systems (OTA 2812).
- The name Anatomy and Physiology for Occupational Therapy (OTA 1134) was changed to Therapeutic Anatomy (OTA 1132), and the competency related to a review of systems other than the skeletal, muscular, and nervous was removed.

- Two new courses were added: Pathology of Orthopedic Conditions (OTA 1242) and Occupational Therapy Transitions II (OTA 2971).
- The Recommended Tools and Equipment list was reviewed.

Assessment

Student will be assessed using the National Board for Certification in Occupational Therapy Exam.

Professional Learning

It is suggested that instructors participate in professional learning related to the following concepts:

- Blackboard[®] training – To learn more about Blackboard[®] training, please go to <https://cia.rcu.msstate.edu/OnlinePD/>
- Differentiated instruction – To learn more about differentiated instruction, please go to http://www.paec.org/teacher2teacher/additional_subjects.html and click on Differentiated Instruction. Work through this online course and review the additional resources.

Foreword

As the world economy continues to evolve, businesses and industries must adopt new practices and processes in order to survive. Quality and cost control, work teams and participatory management, and an infusion of technology are transforming the way people work and do business. Employees are now expected to read, write, and communicate effectively; think creatively, solve problems, and make decisions; and interact with each other and the technologies in the workplace. Vocational-technical programs must also adopt these practices in order to provide graduates who can enter and advance in the changing work world.

The curriculum framework in this document reflects these changes in the workplace and a number of other factors that impact on local vocational-technical programs. Federal and state legislation calls for articulation between high school and community college programs, integration of academic and vocational skills, and the development of sequential courses of study that provide student with the optimum educational path for achieving successful employment. National skills standards, developed by industry groups and sponsored by the U.S. Department of Education and Labor, provide vocational educators with the expectations of employers across the United States. All of these factors are reflected in the framework found in this document.

Referenced throughout the courses of the curriculum are the 21st Century Skills, which were developed by the Partnership for 21st Century Skills, a group of business and education organizations concerned about the gap between the knowledge and skills learned in school and those needed in communities and the workplace. A portion of the 21st Century Skills addresses learning skills needed in the 21st century, including information and communication skills, thinking and problem-solving skills, and interpersonal and self-directional skills. The need for these types of skills has been recognized for some time and the 21st Century Skills are adapted in part from the 1991 report from the U.S. Secretary of Labor's Commission on Achieving Necessary Skills (SCANS). Another important aspect of learning and working in the 21st century involves technology skills, and the International Society for Technology in Education, developers of the National Educational Technology Standards (NETS), were strategic partners in the Partnership for 21st Century Skills.

Each postsecondary program of instruction consists of a program description and a suggested sequence of courses which focus on the development of occupational competencies. Each vocational-technical course in this sequence has been written using a common format which includes the following components:

- Course Name – A common name that will be used by all community/junior colleges in reporting student.
- Course Abbreviation – A common abbreviation that will be used by all community/junior colleges in reporting student.
- Classification – Courses may be classified as:
 - Vocational-technical core – A required vocational-technical course for all student.

- Area of concentration (AOC) core – A course required in an area of concentration of a cluster of programs.
 - Vocational-technical elective – An elective vocational-technical course.
 - Related academic course – An academic course which provides academic skills and knowledge directly related to the program area.
 - Academic core – An academic course which is required as part of the requirements for an Associate degree.
- Description – A short narrative which includes the major purpose(s) of the course and the recommended number of hours of lecture and laboratory activities to be conducted each week during a regular semester.
 - Prerequisites – A listing of any courses that must be taken prior to or on enrollment in the course.
 - Corequisites – A listing of courses that may be taken while enrolled in the course.
 - Competencies and Suggested Objectives – A listing of the competencies (major concepts and performances) and of the suggested student objectives that will enable student to demonstrate mastery of these competencies.

The following guidelines were used in developing the program(s) in this document and should be considered in compiling and revising course syllabi and daily lesson plans at the local level:

- The content of the courses in this document reflects approximately 75 percent of the time allocated to each course. The remaining 25 percent of each course should be developed at the local district level and may reflect:
 - Additional competencies and objectives within the course related to topics not found in the State framework, including activities related to specific needs of industries in the community college district.
 - Activities which develop a higher level of mastery on the existing competencies and suggested objectives.
 - Activities and instruction related to new technologies and concepts that were not prevalent at the time the current framework was developed/revised.
 - Activities which implement components of the Mississippi Tech Prep initiative, including integration of academic and vocational-technical skills and coursework, school-to-work transition activities, and articulation of secondary and postsecondary vocational-technical programs.
 - Individualized learning activities, including worksite learning activities, to better prepare individuals in the courses for their chosen occupational area.
- Sequencing of the course within a program is left to the discretion of the local district. Naturally, foundation courses related to topics such as safety, tool and equipment usage, and other fundamental skills should be taught first. Other courses related to specific skill areas and related academics, however, may be sequenced to take advantage of seasonal and climatic conditions, resources located outside of the school, and other factors.

- Programs that offer an Associate of Applied Science degree must include a minimum 15 semester credit hour academic core. Specific courses to be taken within this core are to be determined by the local district. Minimum academic core courses are as follows:
 - 3 semester credit hours Math/Science Elective
 - 3 semester credit hours Written Communications Elective
 - 3 semester credit hours Oral Communications Elective
 - 3 semester credit hours Humanities/Fine Arts Elective
 - 3 semester credit hours Social/Behavioral Science Elective

It is recommended that courses in the academic core be spaced out over the entire length of the program, so that student complete some academic and vocational-technical courses each semester. Each community/junior college has the discretion to select the actual courses that are required to meet this academic core requirement.

- In instances where secondary programs are directly related to community and junior college programs, competencies and suggested objectives from the high school programs are listed as Baseline Competencies. These competencies and objectives reflect skills and knowledge that are directly related to the community and junior college vocational-technical program. In adopting the curriculum framework, each community and junior college is asked to give assurances that:
 - Student who can demonstrate mastery of the Baseline Competencies do not receive duplicate instruction, and
 - Student who cannot demonstrate mastery of this content will be given the opportunity to do so.
- The roles of the Baseline Competencies are to:
 - Assist community/junior college personnel in developing articulation agreements with high schools, and
 - Ensure that all community and junior college courses provide a higher level of instruction than their secondary counterparts.
- The Baseline Competencies may be taught as special “Introduction” courses for 3-6 semester hours of institutional credit which will not count toward Associate degree requirements. Community and junior colleges may choose to integrate the Baseline Competencies into ongoing courses in lieu of offering the “Introduction” courses or may offer the competencies through special projects or individualized instruction methods.
- Technical elective courses have been included to allow community colleges and student to customize programs to meet the needs of industries and employers in their area.

In order to provide flexibility within the districts, individual courses within a framework may be customized by:

- Adding new competencies and suggested objectives.
- Revising or extending the suggested objectives for individual competencies.
- Integrating baseline competencies from associated high school programs.

- Adjusting the semester credit hours of a course to be up 1 hour or down 1 hour (after informing the State Board for Community and Junior Colleges [SBCJC] of the change).

In addition, the curriculum framework as a whole may be customized by:

- Resequencing courses within the suggested course sequence.
- Developing and adding a new course which meets specific needs of industries and other clients in the community or junior college district (with SBCJC approval).
- Utilizing the technical elective options in many of the curricula to customize programs.

Table of Contents

Acknowledgments.....	2
Preface.....	3
Foreword.....	5
Program Description.....	10
Suggested Course Sequence.....	11
Occupational Therapy Assistant Courses.....	13
Foundations of Occupational Therapy.....	13
Medical Terminology.....	18
Therapeutic Anatomy.....	20
Pathology of Psychiatric Conditions.....	23
Pathology of Physical Disability Conditions.....	26
Pathology of Developmental Conditions.....	29
Pathology of Orthopedic Conditions.....	32
Kinesiology.....	34
Therapeutic Media.....	37
Occupational Therapy Skills I.....	40
Occupational Therapy Skills II.....	43
Group Process.....	46
Fieldwork IA.....	49
Occupational Therapy Skills III.....	54
Concepts in Occupational Therapy.....	58
Healthcare Systems.....	62
Fieldwork IB.....	66
Fieldwork IIA.....	71
Fieldwork IIB.....	80
Occupational Therapy Transitions I.....	89
Occupational Therapy Transitions II.....	92
Recommended Tools and Equipment.....	94
Assessment.....	96
Baseline Competencies.....	97
Appendix A: Standards for an Accredited Educational Program for the Occupational Therapy Assistant.....	102
Appendix B: Related Academic Standards.....	108
Appendix C: 21 st Century Skills.....	109

Program Description

The Occupational Therapy Assistant curriculum is a two-year program of study that prepares an individual to work under the direction of a certified Occupational Therapist to administer treatment pertinent to restorative, preventive, and maintenance programs. The focus is on the development and maintenance of capacity to perform those tasks essential to productive living and to the mastery of self and the environment. This program prepares the graduate to practice in a variety of health care and community settings as a member of a professional team. Opportunities for employment are varied and extensive. Admission to the program is selective and competitive.

Industry standards referenced are based on the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association, Inc. *Standards for an Accredited Educational Program for the Occupational Therapy Assistant.*

Suggested Course Sequence* Occupational Therapy Assistant

Baseline Competencies for Occupational Therapy**

Anatomy and Physiology I and II (BIO 1514/1524 or 2514/2524) are required prerequisites for the program.

FIRST YEAR

FALL SEMESTER

- 3 sch Foundations of Occupational Therapy (OTA 1113)
 - 3 sch Pathology of Psychiatric Conditions (OTA 1213)
 - 1 sch Medical Terminology (OTA 1121) or other approved medical terminology course
 - 2 sch Therapeutic Anatomy (OTA 1132)
 - 3 sch Group Process (OTA 1513)
 - 3 sch Occupational Therapy Skills I (OTA 1423)
 - 3 sch Social/Behavioral Science Elective
-
- 18 sch

SPRING SEMESTER

- 3 sch Pathology of Physical Disability Conditions (OTA 1223)
 - 5 sch Kinesiology (OTA 1315)
 - 3 sch Therapeutic Media (OTA 1413)
 - 3 sch Occupational Therapy Skills II (OTA 1433)
 - 4 sch Math/Science Elective[†]
-
- 18 sch

SUMMER SEMESTER

- 2 sch Healthcare Systems (OTA 2812)
 - 3 sch Pathology of Developmental Conditions (OTA 1233)
 - 2 sch Pathology of Orthopedic Conditions (OTA 1242)
 - 3 sch Fieldwork IA (OTA 1913)
 - 3 sch Written Communications Elective
-
- 13 sch

SECOND YEAR

FALL SEMESTER

3 sch	Occupational Therapy Skills III (OTA 2443)
4 sch	Concepts in Occupational Therapy (OTA 2714)
5 sch	Fieldwork IB (OTA 2935)
1 sch	Occupational Therapy Transitions I (OTA 2961)
3 sch	Fine Arts/Humanities Elective
3 sch	Oral Communications Elective

 19 sch

SPRING SEMESTER

6 sch	Fieldwork IIA (OTA 2946)
6 sch	Fieldwork IIB (OTA 2956)
1 sch	Occupational Therapy Transitions II (OTA 2971)

 13 sch

* Student who lack entry level skills in math, English, science, etc. will be provided related studies.

** Baseline competencies are taken from the high school Allied Health program. Student who can document mastery of these competencies should not receive duplicate instruction. Student who cannot demonstrate mastery will be required to do so.

† Anatomy and Physiology II (BIO 1524 or 2524) is required and should be taken prior to entrance into the program.

Occupational Therapy Assistant Courses

Course Name: Foundations of Occupational Therapy

Course Abbreviation: OTA 1113

Classification: Vocational-Technical Core

Description: This intake course is an introduction to the field of occupational therapy including history, role orientation, professional organizational structure, legal and ethical implications, legislation, practice arenas, and the process of service delivery. (3 sch: 3 hr. lecture)

Prerequisite: Admission to Occupational Therapy Assistant Program

Competencies and Suggested Objectives
<p>1. Articulate understanding of the history of occupational therapy, philosophical base of the profession, and the heritage of the certified Occupational Therapy Assistant.</p> <ol style="list-style-type: none"> a. Identify significant events and dates in the development of the profession. b. Identify significant individuals that influenced the development of the profession and the Certified Occupational Therapy Assistant (COTA) heritage.
<p>2. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.</p> <ol style="list-style-type: none"> a. Identify the roles and responsibilities of the occupational therapist, the occupational therapy assistant, and the occupational therapy aide in the profession according to the American Occupational Therapy Association (AOTA) roles document. b. Discuss the professional relationships among the roles. c. Discuss responsible participation in a supervisory relationship, including service competency. d. Explain the importance of professional development and formal continuing education. e. Describe the role of consultation in occupational therapy practice.
<p>3. Demonstrate knowledge of the occupational therapy philosophy.</p> <ol style="list-style-type: none"> a. Define holistic approach to patient care. b. Discuss the relationship of the biopsychosocial components to the holistic approach.
<p>4. Demonstrate a knowledge and understanding of the role of occupational therapy professional organizations, the American Occupational Therapy Association (AOTA) Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice, and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.</p> <ol style="list-style-type: none"> a. Identify the functions and influence of national, state, and local occupational therapy associations and other related professional associations. b. Identify the methods of promoting occupational therapy by educating other professionals, consumers, third-party payers, and the public. c. Identify basic concepts presented in the American Occupational Therapy Association (AOTA) Code of Ethics, Core Values and Attitudes of Occupational Therapy, and

<p>AOTA Standards of Practice.</p> <p>d. Explain applicable state and federal laws to include the Americans with Disabilities Act and the Vulnerable Adult Act.</p> <p>e. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.</p> <p>f. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.</p>
<p>5. Describe theories, models, and frames of reference inherent to occupational therapy practice.</p> <p>a. Identify the basis for selected theoretical frameworks.</p> <p>b. Identify the individuals responsible for selected theoretical frameworks.</p> <p>c. Describe models of practice and frames of reference that are used in occupational therapy.</p>
<p>6. Differentiate among occupation, activity, and purposeful activity as viewed by the profession of occupational therapy.</p> <p>a. Define the terms occupation, activity, and purposeful activity.</p> <p>b. Describe the dynamics of occupation and purposeful activity, including the interaction of performance areas, performance components, and performance contexts.</p> <p>c. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.</p> <p>d. Articulate the importance of balancing areas of occupation with the achievement of health and wellness.</p>
<p>7. Explain areas of occupational performance.</p> <p>a. Define activities of daily living.</p> <p>b. Define play and leisure activities.</p> <p>c. Define work and production activities.</p> <p>d. Discuss the relationship of each performance area to each other.</p> <p>e. Discuss the balance of performance areas to the achievement of health and wellness.</p> <p>f. Discuss assistive and adaptive equipment.</p>
<p>8. Demonstrate basic therapeutic communication skills.</p> <p>a. Identify nonverbal and verbal components of active listening.</p> <p>b. Explain the dynamics of feedback in interpersonal skills.</p>
<p>9. Explain the individualization of occupational therapy.</p> <p>a. Describe the environment and sociocultural considerations that impact individual intervention.</p> <p>b. Discuss the role of occupation in the promoting wellness for the individual, family, and society.</p> <p>c. Analyze the effects of health, disability, disease processes, and traumatic injury to the individual within the context of family and society.</p> <p>d. Discuss individual perceptions of quality of life, well being, and occupation to promote wellness.</p>
<p>10. Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (i.e., PowerPoint).</p>
<p>11. Articulate the influence of social conditions and the ethical context in which humans</p>

choose and engage in occupations.
12. Articulate the importance of using statistics, tests, and measurements.
13. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
14. Articulate the importance of professional research and literature and the continued development of the profession.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.3. Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (i.e., PowerPoint).
- B.1.7. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology).
- B.1.8. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations.
- B.1.10. Articulate the importance of using statistics, tests, and measurements.
- B.2.1. Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy.
- B.2.2. Describe the meaning and dynamics of occupation and activity including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.
- B.2.4. Articulate the importance of balancing areas of occupation with the achievement of health and wellness.
- B.2.5. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
- B.3.1. Describe basic features of the theories that underlie the practice of occupational therapy.
- B.3.2. Describe models of practice and frames of reference that are used in occupational therapy.
- B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
- B.5.21. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist.
- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
- B.8.1. Articulate the importance of professional research and literature and the continued development of the profession.
- B.9.1. Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice, and AOTA Standards of Practice and use them as a guide for ethical

- decision making in professional interactions, client interventions, and employment settings.
- B.9.2. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
- B.9.4. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
- B.9.8. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

The American Occupational Therapy Association. (2002). *Occupational therapy practice framework: Domain and process*. Bethesda, MD: Author.

The American Occupational Therapy Association, Inc. (2004). *Voices for the future* [Video]. (Available from <http://www.aota.org/nonmembers/area27/index.asp>)

- Crepeau, E., Cohn, E., & Boyt, S. B. (2003). *Willard & Spackman's occupational therapy* (10th ed.). Baltimore: Lippincott Williams & Wilkins.
- Sladyk, K. (1997). *OT student primer: A guide to college success*. Thorofare, NJ: Slack.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Slater, D. Y. (2006). *Reference guide to the occupational therapy code of ethics*. Bethesda, MD: American Occupational Therapy Association.

Course Name: Medical Terminology

Course Abbreviation: OTA 1121

Classification: Vocational-Technical Core

Description: This intake course is a study of medical language relating to body systems including diseases, physical conditions, abbreviations, and symbols as applied to occupational therapy. Professional language for occupational therapy will be included. (1 sch: 1 hr. lecture)

Prerequisite: Admission to Occupational Therapy Assistant Program

Competencies and Suggested Objectives
1. Discuss word components, terms, procedures, abbreviations, and symbols related to body systems. <ol style="list-style-type: none"> Identify combining forms, suffixes, and prefixes related to the various body systems. Use medical terminology correctly including spelling and pronunciation. Utilize abbreviations and symbols related to the body systems and physical conditions related to occupational therapy.
2. Communicate information using medical terms in a clear, concise manner. <ol style="list-style-type: none"> Comprehend medical terminology as viewed in medical charts. Discuss medical terminology used in medical charts.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

None

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)

S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

CS4 Information and Communication Skills

CS5 Thinking and Problem-Solving Skills

SUGGESTED REFERENCES

Chabner, D. (2003). *Medical terminology: A short course* (3rd ed.). St. Louis, MO: Saunders.

Crepeau, E., Cohn, E., & Boyt, S. B. (2003). *Willard & Spackman's occupational therapy* (10th ed.). Baltimore: Lippincott Williams & Wilkins.

Ehrlich, A., & Schroeder, C. (2005). *Medical terminology for health professions*. Clifton Park, NY: Thomson Delmar Learning.

Thomson Delmar Learning's medical terminology audio library. (2005). Clifton Park, NY: Author.

Course Name: Therapeutic Anatomy

Course Abbreviation: OTA 1132

Classification: Vocational-Technical Core

Description: This intake course will focus upon the structures of the human body and their respective functions. Emphasis will be placed upon the muscular, skeletal, and nervous systems (2 sch: 2 hr. lecture)

Prerequisite: Approved Anatomy and Physiology course

Competencies and Suggested Objectives	
1.	Identify the anatomical position and major planes of the body. <ol style="list-style-type: none"> Identify descriptive terms including midline, proximal, distal, medial, lateral, ipsilateral, and contralateral. Identify sagittal, coronal, and transverse planes. Describe the three normal curves of the spine.
2.	Discuss the structure and basic functional implications of the skeletal system. <ol style="list-style-type: none"> Identify selected bones, joints, and other skeletal structures. Describe bone composition and long bone structure. Describe various functions and disorders of the skeletal system.
3.	Discuss the structure and basic functional implications of the muscular system. <ol style="list-style-type: none"> Describe the structures of an individual muscle. Describe the molecular events that result in muscle contraction and relaxation. Define terms related to the muscular system including origin and insertion. Explain how muscles work in controlled opposition to produce coordinated movements. Identify selected muscles.
4.	Discuss the structure and basic functional implications of the nervous system. <ol style="list-style-type: none"> List the divisions of the central and peripheral nervous systems. Describe the types, structures, and functions of neurons. Define action potential, nerve fiber transmission, synapse, grey matter, and white matter. Identify distinctive brain areas and their corresponding functions. Describe the spinal cord, including vertebral distributions and ascending/descending tracts. Differentiate between clinical differences between upper and lower motor neuron lesions. Identify major peripheral nerves including dermatomes, myotomes, and plexus formations. Describe the reflex arc and its function. Differentiate between efferent and afferent impulses. List the twelve cranial nerves and their functions. Identify selected nerve segments, muscle innervations, sensory distributions, and motor features of paralysis.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.4. Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, anatomy, physiology, and biomechanics.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills

SUGGESTED REFERENCES

- Clemente, C. (2007). *Anatomy: A regional atlas of the human body* (5th ed.). Baltimore: Lippincott Williams & Wilkins.
- DGi Image Atlas of Human Anatomy [Computer software]. (2000). Chicago: Denoyer Geppert International.
- Herlihy, B. (2007). *The human body in health and mental illness* (3rd ed.). St. Louis, MO: Saunders.
- Hillman, S. K. (2006). *Interactive Functional Anatomy* (2nd ed.) [Computer software]. London, UK: Primal Pictures.

Netter, F. (2006). *Atlas of human anatomy* (4th ed.). Teterboro, NJ: Saunders.

Primal 3D Interactive Series: Complete Human Anatomy [Computer software]. (2004).
London, UK: Primal Pictures.

Scanlon, V., & Sanders, T. (2003). *Essentials of anatomy and physiology* (5th ed.). Philadelphia:
F.A. Davis.

Course Name: Pathology of Psychiatric Conditions

Course Abbreviation: OTA 1213

Classification: Vocational-Technical Core

Description: This intake course provides a basic knowledge of psychiatric disorders encountered in occupation therapy practice. Emphasis is on etiology, prognosis, and management of various psychiatric conditions. The role and function of the OTA in the treatment process is also emphasized. (3 sch: 3 hr. lecture)

Prerequisite: None

Competencies and Suggested Objectives
1. Identify selected models of psychosocial occupational therapy (OT). <ol style="list-style-type: none"> Compare selected models. Identify terminologies. Explain Maslow's hierarchy of needs.
2. Explain the occupational therapy process as it relates to psychosocial dysfunction. <ol style="list-style-type: none"> Discuss the steps involved in the occupational therapy process. Identify the patient's strengths and weaknesses within the OT process. Identify the patient's strengths and weaknesses related to environmental and community factors affecting the individual. Establish a treatment plan based on the patient's strengths and weaknesses. Discuss the importance of documentation throughout the OT process.
3. Describe the OTA role in treating persons with psychosocial disabilities. <ol style="list-style-type: none"> Discuss roles of occupational therapy practitioners in treating patients with psychosocial disabilities. Explain appropriateness of OT interventions as related to psychosocial dysfunction.
4. Describe psychosocial disabilities commonly referred to the profession of occupational therapy. <ol style="list-style-type: none"> Describe various selected psychosocial disability conditions. Identify etiologies of selected psychosocial conditions. Identify the signs and symptoms of selected conditions. Discuss precautions and contraindications associated with selected conditions. Define the implications for early interventions. Define general occupational therapy treatment considerations associated with selected conditions.
5. Explain principles of mental health throughout the lifespan.
6. Identify concepts related to introductory psychology, introductory sociology, and abnormal psychology.
7. Understand the effects of mental illness within the cultural context of family and society on occupational performance.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.5. Demonstrate knowledge and understanding of human development throughout the life span (infants, children, adolescents, adults, and the elderly). Course content must include, but is not limited to, developmental psychology.
- B.1.6. Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences (e.g., principles of psychology, sociology, and abnormal psychology).
- B.2.6. Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

Bonder, B. (2004). *Psychopathology and function* (3rd ed.). Thorofare, NJ: Slack.

Cara, E., & MacRae, A. (2004). *Psychosocial occupational therapy: A clinical practice* (2nd ed.). Clifton Park, NY: Thomson Delmar Learning.

Henry, A. (2005). The needs of parents with mental illness and their families. *American Occupational Therapy Association OT Practice*, 10(20), 8-12.

The Mental Illness Education Project, Inc. (n.d.). Retrieved November 7, 2006, from <http://www.miepvideos.org/index.html>

Course Name: Pathology of Physical Disability Conditions

Course Abbreviation: OTA 1223

Classification: Vocational-Technical Core

Description: This intake course provides a basic knowledge of selected diseases and conditions encountered in occupational therapy practice. Emphasis is on etiology, prognosis, and management of various pathological physical conditions. The role and function of the OTA in the treatment process is also emphasized. (3 sch: 3 hr. lecture)

Prerequisite: None

Competencies and Suggested Objectives	
1.	Identify selected models of occupational therapy for physical dysfunction. <ol style="list-style-type: none"> a. Compare selected models. b. Identify terminologies.
2.	Explain the occupational therapy (OT) process as it relates to physical dysfunction. <ol style="list-style-type: none"> a. Discuss the steps involved in the OT process. b. Identify within the OT process the patient's strengths and weaknesses. c. Establish a treatment plan based on the patient's strengths and weaknesses. d. Discuss the importance of documentation throughout the OT process.
3.	Discuss psychosocial aspects of physical dysfunction. <ol style="list-style-type: none"> a. Identify adaptations required by the patient to cope with the physical disability. b. Discuss the impact of physical disabilities on sexuality, work, family, and school. c. Discuss the influence of age, gender, and culture of individuals with physical disabilities.
4.	Demonstrate knowledge of physical disabilities referred to the profession of occupational therapy. <ol style="list-style-type: none"> a. Describe selected physical disability conditions. b. Identify the etiology of selected conditions. c. Identify the signs and symptoms of selected conditions. d. Discuss precautions and contraindications associated with selected conditions. e. Explain the implications for early interventions. f. Describe general occupational therapy treatment considerations associated with the condition.
5.	Describe the occupational therapy assistant's role in treating individuals with physical disabilities. <ol style="list-style-type: none"> a. Discuss roles of occupational therapy practitioners. b. Explain selected interventions as related to physical dysfunction.
6.	Understand the effects of physical disability within the cultural context of family and society on occupational performance.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.1. Demonstrate oral and written communication skills.
- B.2.6. Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

American Occupational Therapy Association, Inc. (2003). *It takes occupational therapy* [Video]. (Available from <http://www.promoteot.org/TopStories.html>)

American Occupational Therapy Association, Inc. (2002). *Occupational therapy: Making it possible* [Video]. (Available from <http://store.aota.org/aotastore/product.asp?pf%5Fid=8019>)

Anderson, L. (2002). *Adult physical disabilities: Case studies for learning*. Thorofare, NJ: Slack.

Early, M. (2006). *Physical dysfunction practice skills for the occupational therapy assistant* (2nd ed.). St. Louis, MO: Mosby.

Trombly, C., & Radomski, M. (2002). *Occupational therapy for physical dysfunction* (5th ed.). Baltimore: Lippincott Williams & Wilkins.

Course Name: Pathology of Developmental Conditions

Course Abbreviation: OTA 1233

Classification: Vocational-Technical Core

Description: This intake course provides a basic knowledge of selected diseases and conditions encountered in occupational therapy practice. Emphasis is on etiology, prognosis, and management of various pathological developmental conditions. The student will compare and contrast normal and abnormal developmental patterns. The role and function of the occupational therapy assistant (OTA) in the treatment process is also emphasized. (3 sch: 3 hr. lecture)

Prerequisite: None

Competencies and Suggested Objectives
1. Identify selected models of occupational therapy specific to developmental conditions. <ol style="list-style-type: none"> a. Compare selected models. b. Identify terminologies.
2. Explain human development and incorporate theories and principles of human development to patient care across the lifespan. <ol style="list-style-type: none"> a. Identify milestones in gross and fine motor development. b. Explain stages of cognitive development. c. Explain stages of psychosocial development. d. Demonstrate knowledge and understanding of pediatric human development.
3. Describe selected developmental conditions commonly referred to occupational therapy. <ol style="list-style-type: none"> a. Identify etiologies of selected developmental conditions. b. Identify the signs and symptoms of selected developmental conditions. c. Discuss the precautions and contraindications associated with selected developmental conditions. d. Explain the implications for early interventions. e. Discuss environmental and community factors affecting the individual. f. Describe basic influences contributing to health. g. Describe general occupational therapy treatment considerations associated with a specific developmental condition.
4. Explain the occupational therapy (OT) process as it relates to developmental conditions. <ol style="list-style-type: none"> a. Discuss the steps involved in the OT process. b. Identify the patient's strengths and weaknesses within the OT process. c. Discuss a treatment plan based on the patient's strengths and weaknesses. d. Discuss the importance of documentation throughout the OT process.
5. Describe the OTA role in treating persons with developmental conditions. <ol style="list-style-type: none"> a. Discuss roles of occupational therapy practitioners in treating patients with developmental disabilities. b. Explain appropriateness of OT interventions as related to developmental dysfunction.
6. Understand the effects of physical disability within the cultural context of family and society on occupational performance.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.5. Demonstrate knowledge and understanding of human development throughout the life span (infants, children, adolescents, adults, and the elderly).
- B.2.6. Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.
- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

Case-Smith, J. (2004). *Occupational therapy for children* (5th ed.). St. Louis, Mo: Mosby.

Feeding the neurologically involved child [Video]. (1994). Bisbee, AZ: Imaginart.

- Fisher, A., Murray, E., Bundy, A., & Lane, S. (2002). *Sensory integration: Theory and practice*. Philadelphia: F.A. Davis.
- Kinnealey, M., Oliver, B., & Wilbarger, P. (1995). A phenomenological study of sensory defensiveness in adults. *American Journal of Occupational Therapy*, 49, 444-451.
- Solomon, J., & O'Brien, J. (2005). *Pediatric skills for occupational therapy assistants*. St. Louis, Mo: Mosby.
- Wagonfeld, A., & Kaldenberg, J. (2005). *Foundations of pediatric practice*. Thorofare, NJ: Slack.

Course Name: Pathology of Orthopedic Conditions

Course Abbreviation: OTA 1242

Classification: Vocational-Technical Core

Description: This intake course provides a basic knowledge of selected orthopedic conditions encountered in occupational therapy practice. Emphasis is placed upon mechanisms of pathology and basic treatment approaches. The role and function of the occupational therapy assistant (OTA) in the treatment process is also emphasized. (2 sch: 2 hr. lecture)

Prerequisites: Therapeutic Anatomy (OTA 1132) and Kinesiology (OTA 1315)

Competencies and Suggested Objectives	
1.	Demonstrate knowledge of orthopedic conditions related to the profession of occupational therapy. <ol style="list-style-type: none"> Describe selected orthopedic conditions. Identify the etiology of selected conditions. Identify the signs and symptoms of selected conditions. Discuss precautions and contraindications associated with selected conditions. Discuss psychosocial aspects of selected orthopedic conditions.
2.	Explain the occupational therapy (OT) process as it relates to orthopedic conditions. <ol style="list-style-type: none"> Discuss the steps involved in the OT process. Identify within the OT process the patient's strengths and weaknesses. Establish a treatment plan based on the patient's strengths and weaknesses. Discuss the importance of documentation throughout the OT process. Describe general occupational therapy treatment associated with selected conditions.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.2.6. Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.
- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)

- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- American Society for Surgery of the Hand. (1983). *The hand*. Aurora, CO: Churchill Livingstone.
- Brotzman, S., & Wilk, K. (2003). *Clinical orthopedic rehabilitation*. St. Louis, MO: Mosby.
- Crepeau, E., Cohn, E., & Boyt, S. B. (2003). *Willard & Spackman's occupational therapy* (10th ed.). Baltimore: Lippincott Williams & Wilkins.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.

Course Name: Kinesiology

Course Abbreviation: OTA 1315

Classification: Vocational-Technical Core

Description: This intake course studies individual muscles and muscle functions, biomechanical principles of joint motion, gait patterns, normal movement patterns, and goniometry. (5 sch: 4 hr. lecture, 2 hr. lab)

Prerequisite: Therapeutic Anatomy (OTA 1132)

Competencies and Suggested Objectives	
1.	Describe types of motion and joint movements. <ol style="list-style-type: none"> Describe linear, curvilinear, rotary, and other types of motion. Describe joint movements including flexion, extension, abduction, adduction, internal rotation, external rotation, and circumduction. Perform joint motions.
2.	Identify important landmarks in surface anatomy. <ol style="list-style-type: none"> Palpate bony prominences. Locate muscles, tendons, and ligaments.
3.	Identify selected joints and their structural components. <ol style="list-style-type: none"> Identify the types of joints and joint structures. Identify the forces of motion that act upon joints. Identify planes and axes of joint motion.
4.	Identify the principles and characteristics of muscle. <ol style="list-style-type: none"> Identify origin and insertion of selected muscles. Trace the muscles and/or tendons which act upon selected joints. Identify actions of selected muscles. Identify innervations for selected muscles. Define selected terms related to muscle leverage. Define muscle irritability, contractility, extensibility, and elasticity. Differentiate between concentric and eccentric muscle contractions. Explain the roles of muscle as an agonist, antagonist, stabilizer, or neutralizer.
5.	Demonstrate components of gait. <ol style="list-style-type: none"> Explain the phases of gait. Differentiate possible causes of gait deviation including trendelenberg gait and hemiplegic gait.
6.	Differentiate between normal posture and postural deviations. <ol style="list-style-type: none"> Identify components of normal posture. Identify postural deviations and causes.
7.	Determine accurate range of motion measurements using goniometry. <ol style="list-style-type: none"> Identify the anatomical position, planes, and axes as points of reference. Define ROM, AROM, PROM, and AAROM. Perform goniometric measurements at selected joints. Document goniometry findings.

<ul style="list-style-type: none"> e. Discuss precautions and contraindications for goniometry testing. f. Utilize computer software programs to enhance goniometric measurements.
<ul style="list-style-type: none"> 8. Perform manual muscle testing for selected muscles. <ul style="list-style-type: none"> a. Discuss manual muscle testing grades. b. Identify the steps in manual muscle testing processes. c. Test selected muscles. d. Document test results. e. Discuss precautions and contraindications for manual muscle testing. f. Utilize computer software programs to enhance manual muscle testing.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.4. Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, anatomy, physiology, and biomechanics.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M8 Percents
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- Bertoti, D. (2004). *Functional neurorehabilitation through the life span*. Philadelphia: F.A. Davis.
- Clemente, C. (2007). *Anatomy: A regional atlas of the human body* (5th ed.). Baltimore: Lippincott Williams & Wilkins.
- DGi Image Atlas of Human Anatomy [Computer software]. (2000). Chicago: Denoyer Geppert International.
- Greene, D., & Roberts, S. (2005). *Kinesiology: Movement in the context of activity* (2nd ed.). St. Louis, MO: Mosby.
- Hillman, S. K. (2006). *Interactive Functional Anatomy* (2nd ed.) [Computer software]. London, UK: Primal Pictures.
- Hislop, H., & Montgomery, J. (2002). *Daniels and Worthington's muscle testing: Techniques of manual examination*. Philadelphia: Saunders.
- Kendall, F., McCreary, E., Provance, P., Rodgers, M., & Romani, W. (1993). *Muscles: Testing and function with posture and pain* (5th ed.). Baltimore: Lippincott Williams & Wilkins.
- Netter, F. (2006). *Atlas of human anatomy* (4th ed.). Teterboro, NJ: Saunders.
- Primal 3D Interactive Series: Complete Human Anatomy [Computer software]. (2004). London, UK: Primal Pictures.
- Snyder, D., Conner, L., & Lorenz, G. (2005). *Kinesiology foundations for OTAs & PTAs*. Clifton Park, NY: Thomson Delmar Learning.

Course Name: Therapeutic Media

Course Abbreviation: OTA 1413

Classification: Vocational-Technical Core

Description: This manipulation course provides knowledge and use of tools, equipment, and basic techniques of therapeutic media. Emphasis is given to analyzation and instruction of activities frequently used as occupational therapy media in multiple community and clinical settings. (3 sch: 2 hr. lecture, 2 hr. lab)

Prerequisite: Foundations of Occupational Therapy (OTA 1113)

Competencies and Suggested Objectives	
1.	Discuss the use of therapeutic media for various populations in selected settings. <ol style="list-style-type: none"> Discuss the role of the occupational therapy assistant (OTA) as an activity director. Explore the role of the OTA in multiple community-based settings. Employ logical thinking, critical analysis, problem-solving, and creativity.
2.	Identify components of activity analysis. <ol style="list-style-type: none"> Identify the physical and environmental requirements to perform an activity. Identify precautions and contraindications in performing an activity. Determine acceptable criteria for completion of the activity. Identify adaptations and/or modifications of the activity or environment. Perform analysis of selected activities. Analyze performance areas, components, and contexts for selected activities. Demonstrate ability to grade and adapt the environment, tools, materials, occupations, and interventions.
3.	Explain purposeful activity as a means of therapeutic intervention. <ol style="list-style-type: none"> Explain historical roots of purposeful activity including arts and crafts. Define the essential qualities of purposeful activity. Complete individualized arts and crafts project. Explain the therapeutic value of individualized arts and crafts projects. Describe the meaning and dynamics of occupation and activity including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.
4.	Demonstrate ability to select and adapt appropriate activities for patients and clients in a variety of settings. <ol style="list-style-type: none"> Analyze movement patterns essential for task accomplishment. Select an appropriate activity for the patient/client's needs. Adapt an activity to a patient/client's specific needs. Recognize cultural and ethnic considerations when selecting and adapting an activity. Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.
5.	Demonstrate skill and safety in use of tools for performance of selected tasks. <ol style="list-style-type: none"> List safety precautions related to equipment and hand tools. Demonstrate use of selected equipment and hand tools.

c. Demonstrate care and maintenance of selected equipment and tools.
d. Use sound judgment in regard to safety of self and others, and adhere to safety regulations.
6. Identify the mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories.
7. Promote occupational therapy by educating other professionals, service providers, consumers, and the public.
8. Demonstrate the ability to participate in the development and marketing of service delivery options.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.2.2. Describe the meaning and dynamics of occupation and activity including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.
- B.2.7. Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to implement the intervention plan.
- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.5.18. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.
- B.7.6. Identify the mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories.
- B.7.7. Demonstrate the ability to participate in the development, marketing, and management of service delivery options.
- B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, and the public.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)

- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS2 Financial, Economic, and Business Literacy
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- Crepeau, E., Cohn, E., & Boyt, S. B. (2003). *Willard & Spackman's occupational therapy* (10th ed.). Baltimore: Lippincott Williams & Wilkins.
- Drake, M. (1998). *Crafts in therapy and rehabilitation* (2nd ed.). Thorofare, NJ: Slack.
- Trombly, C., & Radomski, M (2002). *Occupational therapy for physical dysfunction*. New York: Lippincott Williams & Wilkins.
- Watson, D., & Wilson, S. (2003). *Task analysis: An individual and population approach* (2nd ed.). Bethesda, MD: The American Occupational Therapy Association, Inc.

Course Name: Occupational Therapy Skills I

Course Abbreviation: OTA 1423

Classification: Vocational-Technical Core

Description: This manipulative course provides fundamental knowledge of practice skills used with patients/clients across the life span and with various diagnoses. Observation and documentation techniques will be introduced. (3 sch: 2 hr. lecture, 2 hr. lab)

Corequisites: Foundations of Occupational Therapy (OTA 1113) and Medical Terminology (OTA 1121)

Competencies and Suggested Objectives	
1.	Discuss appropriate communication in health care relationships. <ol style="list-style-type: none"> Explain appropriate communication in professional settings including consumers, family, and other professionals. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public; collaborate with the occupational therapist and learner to identify appropriate educational methods. Provide therapeutic use of self including one’s personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
2.	Explain the use of occupation therapy terminology as it relates to practice. <ol style="list-style-type: none"> Identify terminology described in the occupational therapy practice framework. Identify occupational therapy uniform terminology.
3.	Demonstrate selected practice skills, using sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process. <ol style="list-style-type: none"> Demonstrate principles and concepts of body mechanics. Demonstrate principles and concepts of basic positioning. Demonstrate principles and concepts of transfers. Demonstrate use of ambulation aids including associated ambulation patterns. Demonstrate principles and concepts of basic wheelchair features and mobility. Demonstrate principles and concepts of measuring vital signs. Demonstrate principles and concepts of infection control including standard precautions. Explore environmental modifications including wheelchair accessibility. Explore occupational therapy assessments related to relevant practice areas. Demonstrate appropriate treatment interventions for feeding. Explain the application of sling use with selected diagnoses including precautions.
4.	Explain adaptations relating to activities of daily living. <ol style="list-style-type: none"> Identify the need for assistive/adaptive equipment. Identify assistive/adaptive equipment appropriate for individual treatment. Construct assistive/adaptive equipment.

d. Present assistive/adaptive equipment.
5. Articulate the importance of using statistics, tests, and measurements.
6. Articulate the importance of professional research and literature and the continued development of the profession.
7. Simulate articulation of the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client. <ul style="list-style-type: none"> a. Describe how the professional would adapt the presentation for consumers. b. Describe how the professional would adapt the presentation for potential employers. c. Describe how the professional would adapt the presentation for colleagues. d. Describe how the professional would adapt the presentation for third-party payers. e. Describe how the professional would adapt the presentation for regulatory boards. f. Describe how the professional would adapt the presentation for policymakers. g. Describe how the professional would adapt the presentation for other audiences. h. Describe how the professional would adapt the presentation for the general public.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.10. Articulate the importance of using statistics, tests, and measurements.
- B.2.3. Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client.
- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.5.6. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
- B.5.11. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving.
- B.5.15. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
- B.5.16. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
- B.8.1. Articulate the importance of professional research and literature and the continued development of the profession.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)

Postsecondary Occupational Therapy Assistant

- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- Foley, M. P., Prax, B., Crowell, R., & Boone, T. (1996). Effects of assistive devices on cardiorespiratory demands in older adults. *Physical Therapy*, 76, 1313-1319.
- Pedretti, L. W., & Early, M. B. (2006). *Occupational therapy practice skills for physical dysfunction* (6th ed.). St. Louis, MO: Mosby.
- Saidoff, D., & McDonough, A. (1997). *Critical pathways in therapeutic intervention*. St. Louis, MO: Mosby.
- Shankar, K., & Randall, K. (2002). *Therapeutic physical modalities*. Philadelphia: Hanley & Belfus.

Course Name: Occupational Therapy Skills II

Course Abbreviation: OTA 1433

Classification: Vocational-Technical Core

Description: This manipulative course provides intermediate practice skills used with patients/clients across the lifespan and with various diagnoses. (3 sch: 2 hr. lecture, 2 hr. lab)

Prerequisite: Occupational Therapy Skills I (OTA 1423)

Competencies and Suggested Objectives
1. Continue to use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
2. Review the use of occupation therapy terminology as it relates to practice. <ol style="list-style-type: none"> Identify terminology described in the occupational therapy practice framework. Identify occupational therapy uniform terminology.
3. Demonstrate selected practice skills. <ol style="list-style-type: none"> Demonstrate principles and concepts of physical agent modalities. Demonstrate principles and concepts of static orthotics. Demonstrate principles and concepts of therapeutic exercise to address range of motion, strength, and/or endurance. Discuss precautions and adaptations for the implementation of therapeutic exercise. Demonstrate appropriate treatment interventions for dysphagia. Demonstrate principles and concepts of balance training. Demonstrate principles and concepts of advanced positioning techniques.
4. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.
5. Provide training in self-care, self-management, home management, and community and work integration.
6. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
7. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors.
8. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.2.10. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.
- B.5.4. Provide training in self-care, self-management, home management, and community and work integration.
- B.5.10. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
- B.5.12. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors.
- B.5.13. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)

S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- Fess, E., Gettle, K., Philips, C., & Janson, R. (2005). *Hand and upper extremity splinting principles and methods*. St Louis, MO: Elsevier and Mosby.
- Foley, M. P., Prax, B., Crowell, R., & Boone, T. (1996). Effects of assistive devices on cardiorespiratory demands in older adults. *Physical Therapy*, 76, 1313-1319.
- Pedretti, L. W., & Early, M. B. (2006). *Occupational therapy practice skills for physical dysfunction* (6th ed.). St. Louis, MO: Mosby.
- Saidoff, D., & McDonough, A. (1997). *Critical pathways in therapeutic intervention*. St. Louis, MO: Mosby
- Shankar, K., & Randall, K. (2002). *Therapeutic physical modalities*. Philadelphia: Hanley & Belfus.

Course Name: Group Process

Course Abbreviation: OTA 1513

Classification: Vocational-Technical Core

Description: This manipulative course introduces theory and research findings explaining group dynamics. The course teaches the student how to facilitate group effectiveness and the skills to apply that knowledge in practical situations. Methods and skills necessary to plan, write, lead, and evaluate an occupational therapy group will be taught. The course focuses on the importance of group activity intervention primarily with the psychiatric population. (3 sch: 2 hr. lecture, 2 hr. lab)

Prerequisites: None

Competencies and Suggested Objectives	
1.	Discuss concepts of group process. <ol style="list-style-type: none"> a. Define group including parallel, project, egocentric, cooperative, and mature. b. Define group dynamics. c. Explain the importance of groups. d. Identify effective group skills. e. Discuss group process as applied to psychosocial settings. f. Identify the steps of a therapeutic group plan. g. Describe basic features of the theories that underlie the practice of occupational therapy. h. Describe selected theories of group development. i. Demonstrate oral and written communication skills. j. Employ logical thinking, critical analysis, problem-solving, and creativity. k. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner. l. Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
2.	Identify components of effective group leadership. <ol style="list-style-type: none"> a. Demonstrate the ability to set limits and provide appropriate structure. b. Describe different leadership approaches. c. Describe the general principles of therapy group leadership.
3.	Describe group norms and roles. <ol style="list-style-type: none"> a. Explain group roles. b. Explain group norms. c. Contrast individual roles with group roles.
4.	Differentiate between process and content as related to group functioning. <ol style="list-style-type: none"> a. Define group process. b. Define group content. c. Discuss the impact of motivation on groups.
5.	Explore specific group activities for skilled intervention with persons with psychiatric

<p>conditions.</p> <ol style="list-style-type: none"> Identify problem behaviors common in psychiatric populations and their impact on groups. Describe attention-getting behaviors of group members. Apply appropriate intervention for psychotic patient behavior. Identify the need for adaptation, modification, and gradation of group activities for individuals with psychiatric conditions.
<p>6. Describe practice theories/frames of reference guiding group development.</p> <ol style="list-style-type: none"> Identify selected approaches for group development. Describe selected approaches for group development. Select appropriate approaches for individual needs of groups. Apply models of occupational performance and theories of occupation.
<p>7. Lead selected activity groups.</p> <ol style="list-style-type: none"> Develop a group treatment protocol. Identify precautions and contraindications for safety. Identify the impact of contexts on functional and cognitive performance. Apply therapeutic use of self in relation to responding to patients' symptoms and behaviors. Demonstrate effective group leadership using an appropriate format for activity groups.
<p>8. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.</p>

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.1. Demonstrate oral and written communication skills.
- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.3.1. Describe basic features of the theories that underlie the practice of occupational therapy.
- B.5.6. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
- B.5.17. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
- B.9.10. Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)

Postsecondary Occupational Therapy Assistant

- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- Cole, M. (2005). *Group dynamics in occupational therapy* (3rd ed.). Thorofare, NJ: Slack.
- Crepeau, E., Cohn, E., & Boyt, S. B. (2003). *Willard & Spackman's occupational therapy* (10th ed.). Baltimore: Lippincott Williams & Wilkins.
- Royeen, M., & Crabtree, J. (2006). *Culture in rehabilitation: From competency to proficiency*. Saddle River, NJ: Pearson/Prentice Hall.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.

Course Name: Fieldwork IA

Course Abbreviation: OTA 1913

Classification: Vocational-Technical Core

Description: This course is designed to provide the student with an opportunity to observe and participate in clinical fieldwork. The student will also begin to develop professional work habits. Student are expected to function as participant observers in the assigned clinical setting. (3 sch: 1 hr. lecture, 6 hr. clinical)

Prerequisite: Occupational Therapy Skills I (OTA 1423)

Competencies and Suggested Objectives
<ol style="list-style-type: none"> 1. Demonstrate a beginning ability to participate in a clinical setting as a participant observer. <ol style="list-style-type: none"> a. Demonstrate ability to use the holistic concept when observing, evaluating, and treating patients/clients in a variety of settings. b. Employ logical thinking, critical analysis, problem-solving, and creativity. c. Integrate academic learning with clinical practice, and use appropriate oral and written communication skills. d. Demonstrate effective written and verbal reporting skills. e. Differentiate between personal and professional feelings associated with the client/therapist relationship and staff/institution relationship. f. Identify various evaluation tools, their administration, scoring, and interpretation. g. Demonstrate ability to formulate treatment goals and implement treatment plans. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Select occupationally based goals and methods to achieve them in the scope of the occupational therapy practice framework. h. Identify community resources for discharge planning and follow-up. i. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology). j. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations. k. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society. l. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process. m. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
<ol style="list-style-type: none"> 2. Demonstrate professional work behavior. <ol style="list-style-type: none"> a. Adhere to professional code of ethics and confidentiality.

<ul style="list-style-type: none"> b. Adhere to policies and procedures of the clinical setting. c. Adhere to the dress code policy of the particular clinical setting. d. Demonstrate effective time management skills by structuring time while in clinical settings and completing assignments in a timely fashion. e. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
<ul style="list-style-type: none"> 3. Demonstrate awareness of roles and interaction between health professionals and patients. <ul style="list-style-type: none"> a. Establish professional rapport with supervising clinical instructor. b. Describe appropriate patient/therapist interaction. c. Identify the various roles in which an occupational therapist does, or could, function in the setting to which the student is assigned. d. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process. e. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction. f. Describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments. g. Describe the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
<ul style="list-style-type: none"> 4. Demonstrate documentation within the treatment setting. <ul style="list-style-type: none"> a. Use proper terminology and grammar in documentation. b. Identify specific documentation formats within the treatment setting. c. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
<ul style="list-style-type: none"> 5. Apply models of occupational performance and theories of occupation.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.1. Demonstrate oral and written communication skills.
- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.1.7. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology).
- B.1.8. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations.
- B.2.5. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.

- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.2.9. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
- B.2.11. Apply models of occupational performance and theories of occupation.
- B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
- B.4.6. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
- B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.5.6. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
- B.5.7. Describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments.
- B.5.14. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
- B.5.17. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

The American Occupational Therapy Association. (2002). *Occupational therapy practice framework: Domain and process*. Bethesda, MD: Author.

Crepeau, E., Cohn, E., & Boyt, S. B. (2003). *Willard & Spackman's occupational therapy* (10th ed.). Baltimore: Lippincott Williams & Wilkins.

Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.

Slater, D. Y. (2006). *Reference guide to the occupational therapy code of ethics* (2006 ed.).
Bethesda, MD: American Occupational Therapy Association.

Course Name: Occupational Therapy Skills III

Course Abbreviation: OTA 2443

Classification: Vocational-Technical Core

Description: This manipulative course provides intermediate practice skills used with patients/clients across the lifespan and with various diagnoses. (3 sch: 2 hr. lecture, 2 hr. lab)

Prerequisite: Occupational Therapy Skills I (OTA 1423)

Competencies and Suggested Objectives
1. Continue to use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
2. Demonstrate selected practice skills. <ol style="list-style-type: none"> a. Explain the principles and concepts of joint protection, energy conservation, and work simplification. b. Demonstrate principles and concepts of soft tissue and joint mobilization. c. Demonstrate techniques of edema reduction. d. Explain the role that technology plays within the occupational therapy profession. e. Explain principles and concepts of driving with a disability. f. Discuss basic principles and concepts of dynamic splinting. g. Explain basic principles and concepts of industrial therapy.
3. Demonstrate selected assessments in occupational therapy. <ol style="list-style-type: none"> a. Obtain necessary intake information before assessing the patient. b. Select relevant areas of assessment. c. Select appropriate assessment instrument based on intake information. d. Demonstrate ability to administer assessment procedures according to standardized or recommended techniques. e. Report results of assessment and reassessment.
4. Explore alternative and emerging treatment approaches in the practice of occupational therapy. <ol style="list-style-type: none"> a. Explain the concept of hippotherapy, aquatic therapy, and pet therapy. b. Discuss an emerging treatment approach of occupational therapy.
5. Describe evaluation techniques for activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including evaluation of occupational performance listed below. <ol style="list-style-type: none"> a. The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. b. Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems). c. Performance patterns (e.g., habits, routines, roles) and behavior patterns. d. Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance. e. Performance skills, including motor (e.g., posture, mobility, coordination, strength,

energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).
6. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
7. Describe modification of environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles.
8. Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating systems) used to enhance occupational performance.
9. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.
10. Identify strategies for effective, competency-based legal and ethical supervision of non-professional personnel.
11. Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.2.10. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.
- B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
- B.4.3. Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).

- B.5.5. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
- B.5.8. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles.
- B.5.9. Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating systems) used to enhance occupational performance.
- B.5.11. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving.
- B.5.19. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.
- B.7.9. Identify strategies for effective, competency-based legal and ethical supervision of non-professional personnel.
- B.7.10. Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- Fess, E., Gettle, K., Philips, C., & Janson, R. (2005). *Hand and upper extremity splinting principles and methods*. St Louis, MO: Elsevier and Mosby.
- Foley, M. P., Prax, B., Crowell, R., & Boone, T. (1996). Effects of assistive devices on cardiorespiratory demands in older adults. *Physical Therapy*, 76, 1313-1319.
- Pedretti, L. W., & Early, M. B. (2006). *Occupational therapy practice skills for physical dysfunction* (6th ed.). St. Louis, MO: Mosby.
- Pellerito, J. (2006). *Driver rehabilitation and community mobility principles and practice*. St Louis, MO: Elsevier Mosby.
- Saidoff, D., & McDonough, A. (1997). *Critical pathways in therapeutic intervention*. St. Louis, MO: Mosby.
- Shankar, K., & Randall, K. (2002). *Therapeutic physical modalities*. Philadelphia: Hanley & Belfus.

Course Name: Concepts in Occupational Therapy

Course Abbreviation: OTA 2714

Classification: Vocational-Technical Core

Description: This manipulative course studies occupational therapy treatment techniques for a variety of diagnoses while incorporating theoretical concepts. (4 sch: 3 hr. lecture, 2 hr. lab)

Prerequisites: Pathology of Physical Disability Conditions (OTA 1223), Occupational Therapy Skills I (OTA 1423), and Pathology of Orthopedic Conditions (OTA 1242)

Competencies and Suggested Objectives	
1.	<p>Explain selected therapeutic techniques for treatment.</p> <ul style="list-style-type: none"> a. Demonstrate selected techniques from ROOD approach. b. Demonstrate selected techniques from Neuro-Developmental Treatment. c. Demonstrate selected techniques from Movement Therapy. d. Demonstrate selected techniques from Proprioceptive Neuromuscular Facilitation. e. Demonstrate selected sensory integration techniques. f. Demonstrate selected tactile desensitization techniques. g. Demonstrate selected treatment interventions for remediating perceptual and cognitive impairments.
2.	<p>Explain specialized techniques for selected diagnoses.</p> <ul style="list-style-type: none"> a. Discuss appropriate treatment interventions for orthopedic conditions. b. Describe appropriate treatment interventions for amputations, including use of prosthetics. c. Describe appropriate treatment interventions for degenerative diseases. d. Describe appropriate treatment interventions for cardiopulmonary diseases (MI, CHF, COPD, etc.). e. Describe appropriate treatment interventions for burns. f. Describe appropriate treatment interventions for spinal cord injuries.
3.	<p>Explain factors that influence selection of treatment techniques and activities.</p> <ul style="list-style-type: none"> a. Identify the influence of performance contexts on the selection of treatment techniques and activities. b. Discuss adaptation, modification, and gradation of treatment techniques and activities. c. Employ logical thinking, critical analysis, problem-solving, and creativity. d. Articulate the importance of using statistics, tests, and measurements. e. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society. f. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods). g. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context. h. Discuss discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This

<p>includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.</p> <p>i. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.</p> <p>j. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.</p>
<p>4. Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.</p>

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.1.10. Articulate the importance of using statistics, tests, and measurements.
- B.2.5. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
- B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- B.5.18. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.
- B.5.24. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.
- B.5.26. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.
- B.7.8. Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.
- B.8.2. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)

- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- Boylstein, C., Rittman, J., Behrmann, A., & Davis, S. (2005). The social organization in constrained-induced movement therapy. *Journal of Rehabilitation Research and Development*, 42(3), 263-276.
- Cronin, A. (2001). Traumatic brain injury: issues in community function. *American Journal of Occupational Therapy*, 55(4), 337-383.
- Davis, J. (2001). *Functional treatment ideas and strategies in adult hemiplegia*. Port Townsend, WA: International Clinical Educators.
- Davis, J. (2001). *Teaching independence: A therapeutic approach*. Port Townsend, WA: International Clinical Educators.
- Gutman, S. (2001). *Quick reference neuroscience for rehabilitation professionals*. Thorofare, NJ: Slack.

Shumway-Cook, A., & Woollacot, M. (2006). *Motor control: Translating research into clinical practice* (3rd ed.). Baltimore: Lippincott Williams & Wilkins.

Velickovic, M., & Velickovic T. D. (2005). Basic principles of the neurodevelopmental treatment. *Medicina*, 42(41), 112-120.

Course Name: Healthcare Systems

Course Abbreviation: OTA 2812

Classification: Vocational-Technical Core

Description: This intake course is designed to examine the context of service delivery for occupational therapy. Various models of health care, education, community, and social systems will be examined. (2 sch: 2 hr. lecture)

Prerequisite: None

Competencies and Suggested Objectives	
1.	Describe current challenges in traditional and community health care and efforts to reform the current delivery system. <ol style="list-style-type: none"> Discuss the function and structure of the health care delivery system. Describe the evolution of the health care delivery system in the United States. Discuss the changes in the health problems of the population regarding past, present, and future trends. Discuss problems of access to the health care delivery system.
2.	Discuss the practice of occupational therapy in various practice settings, including medical, community, school, and early intervention settings. <ol style="list-style-type: none"> Discuss the role of occupational therapy. Identify the various professionals involved. Define related terms and concepts. Analyze the potential for success in these environments.
3.	Analyze the various roles of the occupational therapy assistant as a practitioner, advocate, research assistant, and educator. <ol style="list-style-type: none"> Discuss the role of the OTA to assist the consumer in gaining access to occupational therapy services. Discuss the need for advocacy on behalf of the consumer and the profession.
4.	Explain reimbursement mechanisms related to various practice settings. <ol style="list-style-type: none"> Discuss factors involved in cost. Explain selected terms related to reimbursement cost. Discuss the importance of fiscal considerations for occupational therapy providers and consumers. Explain how financial issues affect quality of care. Identify professional responsibilities and issues when providing service on a contractual basis.
5.	Explain how federal and state regulatory and legislative bodies affect practice. <ol style="list-style-type: none"> Identify the government and other agencies that influence healthcare policies and procedures. Identify guidelines established by government agencies as related to healthcare. Identify the systems and structures that create federal and state legislation and regulation and their implications and effects on practice. Discuss the role and responsibility of the practitioner to address changes in service

delivery policies to affect changes in the system.
6. Analyze and discuss how history, theory, and the sociopolitical climate influence practice.
7. Demonstrate knowledge of global social issues and prevailing health and welfare needs.
8. Describe the contexts of health care, education, community, and social models or systems as they relate to the practice of occupational therapy.
9. Identify potential impacts of social, economic, political, geographic, or demographic factors on the practice of occupational therapy.
10. Identify the role and responsibility of the practitioner to address changes in service delivery policies, to effect changes in the system, and to recognize opportunities in emerging practice areas.
11. Review and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
12. Identify the variety of informal and formal ethical dispute-resolution systems that have jurisdiction over occupational therapy practice.
13. Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
14. Identify strategies to assist the consumer in gaining access to occupational therapy services.
15. Identify the skills necessary to follow a research protocol including accurate and confidential collection of data and related documentation.
16. Demonstrate the ability to participate in the management of service delivery options.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.9. Demonstrate knowledge of global social issues and prevailing health and welfare needs.
- B.3.3. Analyze and discuss how history, theory, and the sociopolitical climate influence practice.
- B.6.1. Describe the contexts of health care, education, community, and social models or systems as they relate to the practice of occupational therapy.
- B.6.2. Identify potential impacts of social, economic, political, geographic, or demographic factors on the practice of occupational therapy.
- B.6.3. Identify the role and responsibility of the practitioner to address changes in service delivery policies, to effect changes in the system, and to recognize opportunities in emerging practice areas.
- B.7.1. Identify how the various practice settings (i.e., medical institutions, community practice, school systems, etc.) affect the delivery of occupational therapy services.
- B.7.2. Identify the impact of contextual factors on the management and delivery of occupational therapy services.
- B.7.3. Identify the systems and structures that create federal and state legislation and regulation and their implications and effects on practice.
- B.7.7. Demonstrate the ability to participate in the development, marketing, and management of service delivery options.

- B.8.3. Identify the skills necessary to follow a research protocol including accurate and confidential collection of data and related documentation.
- B.9.2. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
- B.9.7. Identify and appreciate the varied roles of the occupational therapy assistant as a practitioner, educator, and research assistant.
- B.9.9. Identify professional responsibilities and issues when providing service on a contractual basis.
- B.9.10. Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
- B.9.11. Identify the variety of informal and formal ethical dispute-resolution systems that have jurisdiction over occupational therapy practice.
- B.9.12. Identify strategies to assist the consumer in gaining access to occupational therapy services.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS2 Financial, Economic, and Business Literacy
- CS3 Civic Literacy
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- Sultz, H., & Young, K. (2005). *Health care USA: Understanding its organization and delivery*. Gaithersburg, MA: Aspen.
- Bodenheimer, T., & Grumbach, K. (2004). *Understanding health policy*. New York: McGraw-Hill.
- Smith, H. (2004). *Critical condition: How good is your health care* [Video]. Princeton, NJ: Films for the Humanities and Sciences.
- Sandstrom R., Lohman, H., & Bramble, J. (2003). *Health services: Policy and systems for therapists*. Saddle River, NJ: Prentice-Hall.

Course Name: Fieldwork IB

Course Abbreviation: OTA 2935

Classification: Vocational-Technical Core

Description: This application course is designed to provide the student with an opportunity to apply their knowledge in clinical fieldwork. The student will also begin to develop professional work habits. Student are expected to function as participant observers in the clinical setting. (5 sch: 1 hr. lecture, 12 hr. clinical)

Prerequisite: Occupational Therapy Skills I (OTA 1423)

Competencies and Suggested Objectives	
1.	<p>Participate in a clinical setting as a participant observer.</p> <ul style="list-style-type: none"> a. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process. b. Demonstrate ability to use the holistic concept when observing, evaluating, and treating patients/clients in a variety of settings. c. Employ logical thinking, critical analysis, problem-solving, and creativity. d. Integrate academic learning with clinical practice, and demonstrate oral and written communication skills. e. Demonstrate effective written and verbal reporting skills. f. Differentiate between personal and professional feelings associated with the client/therapist relationship and staff/institution relationship. g. Identify various evaluation tools, their administration, scoring, and interpretation. h. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment. i. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations. j. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society. k. Demonstrate ability to formulate treatment goals and implement treatment plans. l. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed. m. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. n. Observe therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods). o. Identify community resources for discharge planning and follow-up.
2.	<p>Demonstrate professional work behavior.</p> <ul style="list-style-type: none"> a. Adhere to professional code of ethics and confidentiality. b. Adhere to policies and procedures of the clinical setting.

<ul style="list-style-type: none"> c. Adhere to the dress code policy of the particular clinical setting. d. Demonstrate effective time management skills by structuring time while in clinical settings and completing assignments in a timely fashion. e. Demonstrate a positive attitude toward customers and service delivery. f. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. g. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
<p>3. Demonstrate appropriate interaction towards consumers and professionals at the clinical settings.</p> <ul style="list-style-type: none"> a. Establish professional rapport with supervising clinical instructor. b. Describe appropriate consumer/student interaction. c. Identify the various roles in which an occupational therapy assistant does, or could, function in the setting to which the student is assigned. d. Explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant. e. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process. f. Describe skills of collaboration with occupational therapists on therapeutic interventions as appropriate. g. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context.
<p>4. Complete documentation appropriate to the clinical setting.</p> <ul style="list-style-type: none"> a. Describe components related to planning and guiding intervention in selected setting such as clinical problem-solving. b. Identify formats of documentation. c. Practice documentation using the various formats. d. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others. e. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services. f. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.

STANDARDS*Standards for an Accredited Educational Program for the Occupational Therapy Assistant*

- B.1.1. Demonstrate oral and written communication skills.
- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.1.7. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology).
- B.1.8. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations.
- B.2.5. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.2.9. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
- B.2.10. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.
- B.4.1. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.
- B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
- B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
- B.4.6. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
- B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
 - The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.

- Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- B.5.17. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
- B.5.20. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions.
- B.7.5. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.
- B.9.8. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)

- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- The American Occupational Therapy Association. (2002). *Occupational therapy practice framework: Domain and process*. Bethesda, MD: Author.
- Crepeau, E., Cohn, E., & Boyt, S. B. (2003). *Willard & Spackman's occupational therapy* (10th ed.). Baltimore: Lippincott Williams & Wilkins.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Slater, D. Y. (2006). *Reference guide to the occupational therapy code of ethics*. Bethesda, MD: American Occupational Therapy Association.

Course Name: Fieldwork IIA

Course Abbreviation: OTA 2946

Classification: Vocational-Technical Core

Description: This application course synthesizes previous didactic instruction and clinical experiences obtained in Fieldwork I. In Level IIA, the student may encounter a variety of populations in a traditional or non-traditional based setting. Student will assume increasing responsibilities under supervision as appropriate for the setting. (6 sch: 18 hr. clinical)

Prerequisite: All OTA classroom and level I fieldwork courses

Competencies and Suggested Objectives	
1.	<p>Manage support service.</p> <ul style="list-style-type: none"> a. Adjust priorities according to the needs of the program, department, and others. b. Comply with the institution's policies and procedures. c. Maintain work area, equipment, and supplies in a manner conducive to efficiency and safety. d. Demonstrate a knowledge of the implications of treatment costs and financial support on occupational therapy services. e. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others. f. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment. g. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions. h. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist. i. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
2.	<p>Enhance professional practice.</p> <ul style="list-style-type: none"> a. Participate responsibly in the supervisory relationship. b. Adjust to change and modify own behavior according to the demands of the situation. c. Assume responsibility for professional behavior and growth. d. Demonstrate a knowledge of professional standards and the code of ethics.
3.	<p>Demonstrate professional work behavior.</p> <ul style="list-style-type: none"> a. Adhere to professional code of ethics and confidentiality. b. Adhere to policies and procedures of the clinical setting. c. Adhere to the dress code policy of the particular clinical setting. d. Demonstrate effective time management skills by structuring time while in clinical settings and completing assignments in a timely fashion. e. Demonstrate a positive attitude toward customers and service delivery. f. Use sound judgment in regard to safety of self and others, and adhere to safety

regulations throughout the occupational therapy process.

- g. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context.
- h. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.

For the traditional (clinical) setting:

4. Collect data regarding patient's occupational performance in accordance with the occupational therapy practice framework.
 - a. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
 - b. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
 - c. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
 - d. Gather necessary information before assessing the patient.
 - e. Select relevant areas to assess.
 - f. Select the correct methods to assess the relevant areas.
 - g. Obtain complete information from staff, family members, patient, and records.
 - h. Administer the assessment procedures according to standardized or recommended techniques.
 - i. Adapt assessment method when usual procedures are not practical.
 - j. Interpret assessment data correctly.
 - k. Report the results of assessment and reassessment(s) accurately and completely.
 - l. Reassess the patient's programs and progress at regular intervals.
5. Develop a treatment plan under appropriate supervision.
 - a. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence.
 - b. Establish relevant and attainable short-term goals that reflect the assessment data.
 - c. Report the treatment plan orally and in writing.
 - d. Report treatment orally and in writing.
 - e. Establish long-term goals.
 - f. Collaborate with the patient in establishing goals.
 - g. Collaborate with other practitioners to establish overall goals for patients.
 - h. Establish treatment priorities with patient, family, and significant others.
 - i. Respond to changes in the patient's physical and emotional status during administration of the assessment procedure.
6. Implement a treatment plan with appropriate supervision.

- a. Participate in discussions at case conferences, rounds, in-services, and staff and other pertinent meetings.
- b. Review progress with patient, family, and significant others at regular intervals.
- c. Instruct family, significant others, and staff in activities which support the treatment programs.
- d. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
- e. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
- f. Prepare the patient for initial and ongoing treatment.
- g. Present assessment purposes/procedures to patient/family/significant others in a manner consistent with their level of understanding.
- h. Intervene at signs of patient fatigue or frustration.
- i. Set limits in response to undesirable physical and social behavior.
- j. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.
- k. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
- l. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.
- m. Plan treatment based upon an accurate analysis of activities.
- n. Adapt treatment activities to reach desired goals.
- o. Explain the steps of the activity at the patient’s level of understanding.
- p. Maintain a therapeutic relationship with the patient.
- q. Implement established treatment plan.
- r. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- s. Provide training in self-care, self-management, home management, and community and work integration.
- t. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
- u. Provide therapeutic use of self including one’s personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
- v. Adhere to treatment precautions and contraindications.
- w. Use praise or other reinforcers to elicit desired behavior.
- x. Utilize wellness activities in treatment.
- y. Select treatment activities that demonstrate an understanding of occupational therapy

<p>theory.</p> <ul style="list-style-type: none"> z. Use purposeful activities to maximize patient performance. aa. Use a variety of possible strategies for achieving treatment goals. bb. Manage time effectively.
<p>7. Evaluate treatment plan under appropriate supervision.</p> <ul style="list-style-type: none"> a. Determine the logical sequence of treatment activities to attain the established goals. b. Modify goals as patient's condition or response to treatment changes. c. Modify own behavior according to the demands of the situation. d. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.
<p>8. Develop discharge plan under appropriate supervision.</p> <ul style="list-style-type: none"> a. Develop discharge and follow-up programs in accordance with patient's discharge environment. b. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals. c. Collaborate with patient, family, significant others, and staff to formulate discharge and follow-up plans. d. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles when appropriate. e. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving. f. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors. g. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client. h. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context. i. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks. j. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming. k. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes. l. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively

communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.

For the non-traditional setting:

9. Participate as a team member in the setting.
 - a. Utilize the holistic concept when observing and serving consumers in assigned setting.
 - b. Utilize professional analysis and problem-solving to adapt academic learning to assigned setting.
 - c. Demonstrate effective written and verbal reporting skills.
 - d. Explore occupational therapy evaluation tools, their administration, scoring, and interpretation as appropriate to the setting.
 - e. Demonstrate ability to formulate goals and implement a plan of action.
 - f. Identify community resources relative to the needs of the setting.
 - g. Complete a project to benefit the population served by the setting.
 - h. Document consumer education.
10. Demonstrate appropriate interaction toward consumers and professionals at the assigned setting.
 - a. Establish professional rapport with supervisors.
 - b. Describe appropriate consumer/student interaction.
 - c. Identify the various roles in which an occupational therapy assistant does, or could, function in the setting to which the student is assigned.
 - d. Present identified roles of occupational therapy to staff at assigned setting.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.1. Demonstrate oral and written communication skills.
- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.2.9. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
- B.4.1. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.
- B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
- B.4.3. Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
- B.4.5. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
- B.4.6. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
- B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.

- B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- B.5.4. Provide training in self-care, self-management, home management, and community and work integration.
- B.5.5. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
- B.5.6. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
- B.5.8. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles.
- B.5.10. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
- B.5.11. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving.
- B.5.12. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors.
- B.5.13. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.
- B.5.14. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
- B.5.15. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
- B.5.16. Use the teaching-learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
- B.5.17. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
- B.5.18. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.
- B.5.19. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.
- B.5.20. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions.
- B.5.21. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist.

- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
- B.5.23. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.
- B.5.24. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.
- B.5.25. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes.
- B.5.26. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.
- B.5.27. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.
- B.7.5. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.
- B.8.1. Articulate the importance of professional research and literature and the continued development of the profession.
- B.8.2. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.
- B.9.1. Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice, and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.
- B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, and the public.
- B.9.6. Identify personal and professional abilities and competencies as they relate to job responsibilities.
- B.9.8. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)

- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- The American Occupational Therapy Association. (2002). *Occupational therapy practice framework: Domain and process*. Bethesda, MD: Author.
- Crepeau, E., Cohn, E., & Boyt, S. B. (2003). *Willard & Spackman's occupational therapy* (10th ed.). Baltimore: Lippincott Williams & Wilkins.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Slater, D. Y. (2006). *Reference guide to the occupational therapy code of ethics* Bethesda, MD: American Occupational Therapy Association.

Course Name: Fieldwork IIB

Course Abbreviation: OTA 2956

Classification: Vocational-Technical Core

Description: This application course synthesizes previous didactic instruction and experiences obtained in Fieldwork IIA. In Fieldwork IIB, the student may also encounter a variety of populations in a traditional or non-traditional setting. The student will be placed in a setting different from Fieldwork IIA. Student will assume increasing responsibilities under supervision as appropriate for the setting. (6 sch: 18 hr. clinical)

Prerequisite: All OTA classroom and Level I fieldwork courses

Competencies and Suggested Objectives
<p>1. Manage support service.</p> <ul style="list-style-type: none"> a. Adjust priorities according to the needs of the program, department, and others. b. Comply with the institution's policies and procedures. c. Maintain work area, equipment, and supplies in a manner conducive to efficiency and safety. d. Demonstrate a knowledge of the implications of treatment costs and financial support on occupational therapy services. e. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others. f. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment. g. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions. h. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist. i. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
<p>2. Enhance professional practice.</p> <ul style="list-style-type: none"> a. Participate responsibly in the supervisory relationship. b. Adjust to change and modify own behavior according to the demands of the situation. c. Assume responsibility for professional behavior and growth. d. Demonstrate a knowledge of professional standards and the code of ethics.
<p>3. Demonstrate professional work behavior.</p> <ul style="list-style-type: none"> a. Adhere to professional code of ethics and confidentiality. b. Adhere to policies and procedures of the clinical setting. c. Adhere to the dress code policy of the particular clinical setting. d. Demonstrate effective time management skills by structuring time while in clinical settings and completing assignments in a timely fashion. e. Demonstrate a positive attitude toward customers and service delivery.

- f. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- g. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context.
- h. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.

For the traditional (clinical) setting:

4. Collect data regarding patient's occupational performance in accordance with the occupational therapy practice framework.
 - a. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
 - b. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
 - c. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
 - d. Gather necessary information before assessing the patient.
 - e. Select relevant areas to assess.
 - f. Select the correct methods to assess the relevant areas.
 - g. Obtain complete information from staff, family members, patient, and records.
 - h. Administer the assessment procedures according to standardized or recommended techniques.
 - i. Adapt assessment method when usual procedures are not practical.
 - j. Interpret assessment data correctly.
 - k. Report the results of assessment and reassessment(s) accurately and completely.
 - l. Reassess the patient's programs and progress at regular intervals.
5. Develop a treatment plan under appropriate supervision.
 - a. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence.
 - b. Establish relevant and attainable short-term goals that reflect the assessment data.
 - c. Report the treatment plan orally and in writing.
 - d. Report treatment orally and in writing.
 - e. Establish long-term goals.
 - f. Collaborate with the patient in establishing goals.
 - g. Collaborate with other practitioners to establish overall goals for patients.
 - h. Establish treatment priorities with patient, family, and significant others.
 - i. Respond to changes in the patient's physical and emotional status during administration of the assessment procedure.

6. Implement a treatment plan with appropriate supervision.
 - a. Participate in discussions at case conferences, rounds, in-services, and staff and other pertinent meetings.
 - b. Review progress with patient, family, and significant others at regular intervals.
 - c. Instruct family, significant others, and staff in activities which support the treatment programs.
 - d. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
 - e. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
 - f. Prepare the patient for initial and ongoing treatment.
 - g. Present assessment purposes/procedures to patient/family/significant others in a manner consistent with their level of understanding.
 - h. Intervene at signs of patient fatigue or frustration.
 - i. Set limits in response to undesirable physical and social behavior.
 - j. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.
 - k. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
 - l. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.
 - m. Plan treatment based upon an accurate analysis of activities.
 - n. Adapt treatment activities to reach desired goals.
 - o. Explain the steps of the activity at the patient’s level of understanding.
 - p. Maintain a therapeutic relationship with the patient.
 - q. Implement established treatment plan.
 - r. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
 - s. Provide training in self-care, self-management, home management, and community and work integration.
 - t. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
 - u. Provide therapeutic use of self including one’s personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
 - v. Adhere to treatment precautions and contraindications.
 - w. Use praise or other reinforcers to elicit desired behavior.
 - x. Utilize wellness activities in treatment.

<ul style="list-style-type: none"> y. Select treatment activities that demonstrate an understanding of occupational therapy theory. z. Use purposeful activities to maximize patient performance. aa. Use a variety of possible strategies for achieving treatment goals. bb. Manage time effectively.
<p>7. Evaluate treatment plan under appropriate supervision.</p> <ul style="list-style-type: none"> a. Determine the logical sequence of treatment activities to attain the established goals. b. Modify goals as patient's condition or response to treatment changes. c. Modify own behavior according to the demands of the situation. d. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.
<p>8. Develop discharge plan under appropriate supervision.</p> <ul style="list-style-type: none"> a. Develop discharge and follow-up programs in accordance with patient's discharge environment. b. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals. c. Collaborate with patient, family, significant others, and staff to formulate discharge and follow-up plans. d. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles. e. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving. f. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors. g. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client. h. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context. i. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks. j. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming. k. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes. l. Document occupational therapy services to ensure accountability of service provision

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

For the non-traditional setting:

9. Participate as a team member in the setting.
 - a. Utilize the holistic concept when observing and serving consumers in assigned setting.
 - b. Utilize professional analysis and problem-solving to adapt academic learning to assigned setting.
 - c. Demonstrate effective written and verbal reporting skills.
 - d. Explore occupational therapy evaluation tools, their administration, scoring, and interpretation as appropriate to the setting.
 - e. Demonstrate ability to formulate goals and implement a plan of action.
 - f. Identify community resources relative to the needs of the setting.
 - g. Complete a project to benefit the population served by the setting.
 - h. Document consumer education.
10. Demonstrate appropriate interaction toward consumers and professionals at the assigned setting.
 - a. Establish professional rapport with supervisors.
 - b. Describe appropriate consumer/student interaction.
 - c. Identify the various roles in which an occupational therapy assistant does, or could, function in the setting to which the student is assigned.
 - d. Present identified roles of occupational therapy to staff at assigned setting.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.1.1. Demonstrate oral and written communication skills.
- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.2.9. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
- B.4.1. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.
- B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
- B.4.3. Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
- B.4.5. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
- B.4.6. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
- B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.

- B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- B.5.4. Provide training in self-care, self-management, home management, and community and work integration.
- B.5.5. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
- B.5.6. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
- B.5.8. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles.
- B.5.10. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
- B.5.11. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving.
- B.5.12. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors.
- B.5.13. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.
- B.5.14. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
- B.5.15. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
- B.5.16. Use the teaching-learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
- B.5.17. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
- B.5.18. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.
- B.5.19. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.
- B.5.20. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions.
- B.5.21. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist.

- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
- B.5.23. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.
- B.5.24. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.
- B.5.25. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes.
- B.5.26. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.
- B.5.27. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.
- B.7.5. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.
- B.8.1. Articulate the importance of professional research and literature and the continued development of the profession.
- B.8.2. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.
- B.9.1. Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice, and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.
- B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, and the public.
- B.9.6. Identify personal and professional abilities and competencies as they relate to job responsibilities.
- B.9.8. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)

- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- The American Occupational Therapy Association. (2002). *Occupational therapy practice framework: Domain and process*. Bethesda, MD: Author.
- Crepeau, E., Cohn, E., & Boyt, S. B. (2003). *Willard & Spackman's occupational therapy* (10th ed.). Baltimore: Lippincott Williams & Wilkins.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Slater, D. Y. (2006). *Reference guide to the occupational therapy code of ethics*. Bethesda, MD: American Occupational Therapy Association.

Course Name: Occupational Therapy Transitions I

Course Abbreviation: OTA 2961

Classification: Vocational-Technical Core

Description: This course provides information and guidance to the student for their transitional process of becoming an Occupational Therapy Practitioner. This course will encompass a variety of professional skills and concepts. In addition, vital life skills will be discussed. (1 sch: 1 hour lecture)

Prerequisite: None

Competencies and Suggested Objectives	
1.	Discuss professional development concepts. <ol style="list-style-type: none"> Identify factors promoting a smooth transition from the role of student to graduate and employee. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant. Discuss the importance of lifelong learning as it relates to professional development. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards. Discuss management techniques such as continuous quality improvement.
2.	Explain legal aspects of occupational therapy. <ol style="list-style-type: none"> Describe the Occupational Therapy Practice Act, how it relates to the OTA, and how it protects the public. Discuss the process for licensure in Occupational Therapy. Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws. Participate in initial preparation for certification by the National Board of Certification in Occupational Therapy. Identify professional responsibilities related to liability issues under current models of service provision.
3.	Utilize employability skills. <ol style="list-style-type: none"> Discuss responsibilities and characteristics related to professional success. Prepare an initial draft resume. Discuss the process of securing an Occupational Therapy position. Utilize the computer and Internet for job search and resume development.
4.	Discuss advocacy for occupational therapy in traditional and non-traditional settings. <ol style="list-style-type: none"> Demonstrate the ability to articulate the unique nature of occupational therapy to the consumer, potential employers, and the general public. Discuss the role and responsibility of the practitioner to address changes in service

delivery policies and to effect changes in the system.

- c. Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations, and student occupational therapy associations).

5. Explore post-college life skills.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.7.4. Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.
- B.9.2. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
- B.9.4. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
- B.9.5. Identify professional responsibilities related to liability issues under current models of service provision.
- B.9.8. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.
- B.9.13. Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations).

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS2 Financial, Economic, and Business Literacy
- CS3 Civic Literacy
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- The American Occupational Therapy Association. (2002). *Occupational therapy practice framework: Domain and process*. Bethesda, MD: Author.
- Crepeau, E., Cohn, E., & Boyt, S. B. (2003). *Willard & Spackman's occupational therapy* (10th ed.). Baltimore: Lippincott Williams & Wilkins.
- Kornblau, B., & Starling, S. (2000). *Ethics in rehabilitation: A clinical perspective*. Thorofare, NJ: Slack.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Solomon, A., & Jacobs, K. (2003). *Management skills for the occupational therapy assistant*. Thorofare, NJ: Slack.

Course Name: Occupational Therapy Transitions II

Course Abbreviation: OTA 2971

Classification: Vocational-Technical Core

Description: This course provides final preparation to the student for the transitional process of becoming an Occupational Therapy Practitioner. (1 sch: 1 hour lecture)

Prerequisite: Occupational Therapy Transitions I

Competencies and Suggested Objectives
1. Complete documentation for state licensure in Occupational Therapy. <ol style="list-style-type: none"> a. Complete application. b. Complete academic verification form.
2. Participate in final preparations for certification by the National Board of Certification in Occupational Therapy (NBCOT). <ol style="list-style-type: none"> a. Describe process for application for NBCOT certification exam. b. Analyze sample certification exam questions in official format. c. Complete mock certification exam.
3. Examine employability skills. <ol style="list-style-type: none"> a. Compare ethics and standards related to Occupational Therapy Practice from fieldwork experiences. b. Prepare a final resume. c. Identify options for liability insurance. d. Analyze techniques for employment negotiation, including compensation and benefits.

STANDARDS

Standards for an Accredited Educational Program for the Occupational Therapy Assistant

- B.7.4. Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.
- B.9.2. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
- B.9.4. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
- B.9.5. Identify professional responsibilities related to liability issues under current models of service provision.
- B.9.6. Identify personal and professional abilities and competencies as they relate to job responsibilities.
- B.9.13. Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations).

Related Academic Standards

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)
- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)
- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

Copyright © 1994 by CTB/McGraw-Hill LLC

21st Century Skills

- CS1 Global Awareness
- CS2 Financial, Economic, and Business Literacy
- CS4 Information and Communication Skills
- CS5 Thinking and Problem-Solving Skills
- CS6 Interpersonal and Self-Directional Skills

SUGGESTED REFERENCES

- The American Occupational Therapy Association. (2002). *Occupational therapy practice framework: Domain and process*. Bethesda, MD: Author.
- Crepeau, E., Cohn, E., & Boyt, S. B. (2003). *Willard & Spackman's occupational therapy* (10th ed.). Baltimore: Lippincott Williams & Wilkins.
- Kornblau, B., & Starling, S. (2000). *Ethics in rehabilitation: A clinical perspective*. Thorofare, NJ: Slack.
- Sladyk, K., & Ryan, S. E. (2005). *Ryan's occupational therapy assistant: Principles, practice issues, and techniques* (4th ed.). Thorofare, NJ: Slack.
- Solomon, A., & Jacobs, K. (2003). *Management skills for the occupational therapy assistant*. Thorofare, NJ: Slack.

Recommended Tools and Equipment

CAPITALIZED ITEMS

1. Wheelchair, standard with removable arm/leg rests (1 per program)
2. Work benches (5 per program)
3. Mat, table top (3 per program)
4. Assessment kits (6 per program)
5. Kiln (1 per program)
6. Human body model (1 per program)
7. Skeleton, human muscular (2 per program)
8. Splint cart (1 per program)
9. Computer with CD-ROM (1 per 4 student)
10. Printer, laser (2 printers per student)
11. Flammable liquid storage cabinet (1 per program)
12. Cart, TV/VCR (1 per program)
13. Videocassette recorder/player, VHS (2 per program)
14. 31" Color TV (2 per program)
15. Ultrasound unit (1 per program)
16. Biofeedback unit (2 per program)
17. Adaptive equipment set (1 per program)
18. Industrial workstation set (1 per program)
19. Positioning device set (1 per program)
20. Prefabricated split set (1 per program)

NON-CAPITALIZED ITEMS

1. Paraffin wax bath unit (1 per program)
2. Cuff weights, ½ pound to 10 pounds (2 of each weight)
3. Mirror, portable (1 per program)
4. Dynamometer (3 per program)
5. Goniometer (4 per program)
6. Pinch gauge (3 per program)
7. Hydrocollater, mobile heating unit (1 per program)
8. Forma-Splint heating pan (3 per program)
9. Theraputty (6 per program)
10. Theratubing (2 each of all 4 grades)
11. Fixed hand grips (3 per program)
12. Sphygmomanometer (5 per program)
13. Stethoscope (5 per program)
14. Hammers (5 per program)
15. Squares (5 per program)
16. Bulb dynamometer (1 per program)
17. Sewing machine (1 per program)
18. Therapeutic balls (2 per program)
19. Facilitation vibrators (1 per program)

20. Exercise skate (1 per program)
21. Arm slings (1 set program)
22. Hand sensory testing kit (including hot/cold thermometers, 2 point discriminator, stereognosis) (1 per program)
23. Hand volumeter (1 per program)
24. Craft items (including woodworking, leather, basketry, copper tooling, macramé, mosaic tile, ceramics, minor crafts) (8 per program)
25. Walkers (4 per program)
26. Tub seats (2 per program)
27. Canes (2 per program)
28. Crutches (1 set program)
29. Elevated toilet seat (1 per program)
30. Toilet (1 per program)
31. Bath tub (1 per program)
32. Sink (1 per program)
33. Alarm timers (4 per program)
34. File cabinet, 4 drawer (4 per program)
35. Splinting scissors (4 per program)
36. Heat gun (1 per program)
37. Gait belts (4 per program)
38. Heat packs (1 set per program)
39. Cold packs (1 set per program)
40. E-STIM unit (2 per program)
41. TENS unit (2 per program)
42. Restorator (1 per program)
43. Compression device kit (1 per program)
44. Gross motor activities (10 per program)
45. Cognitive activities (10 per program)
46. Perceptual activities (10 per program)
47. Fine motor activities (10 per program)

RECOMMENDED INSTRUCTIONAL AIDS

It is recommended that instructors have access to the following items:

1. ENG/EFP/Studio color camera with tripod (1 per program)
2. Video display device (1 per program)

ASSESSMENT

BLUEPRINT

Student will be assessed using the National Board for Certification in Occupational Therapy Exam.

Baseline Competencies

The following competencies and suggested objectives are taken from the publication Mississippi Curriculum Framework for Allied Health. These competencies and objectives represent the baseline which was used to develop the community/junior college Occupational Therapy Assistant courses. Student enrolled in postsecondary courses should either (1) have documented mastery of these competencies, or (2) be provided with these competencies before studying the advanced competencies in the Occupational Therapy Assistant program.

Baseline competencies may be integrated into existing courses in the curriculum or taught as special “Introduction” courses. The “Introduction” courses may be taught for up to six semester hours of institutional credit and may be divided into two courses. If the Baseline Competencies are to be taught as “Introduction” courses, each course should be at least 3 credit hours. The following course number(s) and description should be used:

Course Name(s): Introduction to Occupational Therapy Assistant, Introduction to Occupational Therapy Assistant I, or Introduction to Occupational Therapy Assistant II

Course Abbreviation(s): OTA 100(3-6), OTA 1013, OTA 1023

Classification: Vocational-Technical Core

Description: These courses contain the baseline competencies and suggested objectives from the high school curriculum which directly relate to the community college program. The courses are designed for student entering the community college who have had no previous training or documented experience in the field. (3-6 semester hours based upon existing skills for each student, may be divided into 2 courses for a maximum total of 6 hours of institutional credit.)

Competencies and Suggested Objectives:

1. Review material related to course and professional organizations.
 - a. Identify student and course expectations.
 - b. Identify allied health professional student organizations and their roles in individual career development.
 - c. Compare the timeline of medical history.
2. Recognize safety procedures and policies.
 - a. Describe basic safety procedures.
 - b. Describe accident prevention methods and disaster plans of the local school district.
 - c. Discuss a safe and clean environment.
 - d. Follow state and facility guidelines, including dress requirements for clinical-type experiences.
3. Explain effective communication skills.
 - a. Identify the main factors required for the communication process.
 - b. Identify factors which can interfere with the communication process.
 - c. Demonstrate effective teamwork skills.
 - d. Explore professional literature and medical references.

4. Discuss professional ethics.
 - a. Explain professional ethics.
 - b. Discuss confidentiality.
 - c. Discuss HIPAA, the Health Insurance Portability and Accountability Act of 1996.
5. Discuss legal responsibility and client's rights.
 - a. Explain torts and legal responsibility.
 - b. Identify ways to promote clients' rights and privacy.
 - c. Discuss the requirement for health care workers to undergo a background check.
6. Explain standard precautions.
 - a. Explain importance of standard precautions in life practices and health care.
 - b. Explain the state and federal government's role in standard precautions.
 - c. Relate standard precautions to the transmission of infectious diseases including HIV, AIDS, HBV, and TB.
7. Utilize standard precautions.
 - a. Demonstrate hand-washing technique.
 - b. Demonstrate donning and removing clean gloves.
8. Perform basic emergency procedures.
 - a. Explain first aid procedures for sudden illness.
 - b. Explain first aid procedures for accidents.
9. Perform advanced emergency procedures.
 - a. Perform CPR.
 - b. Demonstrate first aid for an obstructed airway.
10. Explain medical terminology.
 - a. Spell designated medical terms correctly.
 - b. Demonstrate the use of medical references to spell medical terms correctly.
 - c. Define and divide medical terms into root words, prefixes, and suffixes.
11. Recognize and use medical terminology.
 - a. Interpret the common medical abbreviations and symbols including meanings and uses.
 - b. Demonstrate the use of medical terms and abbreviations in reading, speaking, interpreting, and writing simulated medical records.
12. Review the relationship among cells, tissues, organs, and systems.
 - a. Review the main parts of a cell.
 - b. Review the functions of the main parts of a cell.
 - c. Compare types of tissues and their relationships to body organs and systems.
13. Identify the body planes, directions, and cavities.
 - a. Identify the names of the planes and the directional terms.
 - b. Locate the body cavities.
 - c. Identify the body organs in each cavity.
 - d. Describe the abdominal regions.
14. Interpret the basic structures and functions of the integumentary system.
 - a. Identify the parts of the integumentary system.
 - b. Explain the functions of the integumentary system.
 - c. Discuss related diseases and disorders.
15. Perform the patient care procedures related to the integumentary system.
 - a. Demonstrate patient hygiene.
 - b. Perform bed-making skills.

- c. Perform patient positioning to prevent pressure areas.
16. Interpret the basic structures and functions of the muscular system.
 - a. Identify major muscles.
 - b. Explain the function of the muscles.
 - c. Discuss related diseases and disorders.
 - d. Demonstrate active range of motion exercises and indications for use.
17. Interpret the basic structure and function of the skeletal system.
 - a. Identify the bones of the body.
 - b. Explain functions of the skeletal system.
 - c. Discuss related diseases and disorders.
 - d. Demonstrate procedures for patient transfer using a stretcher, wheelchair, or a pneumatic lift.
18. Interpret the basic structures and functions of the circulatory system.
 - a. Identify components of blood and their function.
 - b. Identify the types of blood vessels and the action of each.
 - c. Identify the anatomy of the heart.
 - d. Explain the flow of blood through the heart.
 - e. Discuss related diseases and disorders.
19. Measure vital signs.
 - a. Measure oral temperature.
 - b. Explain procedures for measuring axillary, rectal, and tympanic temperatures.
 - c. Identify the body's pulse points.
 - d. Demonstrate radial pulse measurement.
 - e. Measure blood pressure.
20. Interpret the basic structures of the respiratory system.
 - a. Identify the structures of the respiratory system.
 - b. Discuss related diseases and disorders.
 - c. Auscultate lung sounds.
21. Interpret the basic functions of the respiratory system.
 - a. Discuss how gas exchange occurs in the lungs.
 - b. Recognize factors that cause respiratory disorders.
 - c. Count respirations.
22. Interpret the basic structures and functions of the digestive system.
 - a. Identify organs of the digestive system.
 - b. Discuss the functions of organs of the digestive system.
 - c. Discuss related diseases and disorders.
23. Examine the relationship of food and health.
 - a. Define terms associated with nutrition.
 - b. Identify the components of the food guide pyramid with examples of each.
 - c. Describe basic therapeutic diets.
 - d. Demonstrate how to assist/feed a patient with a disability.
24. Interpret the basic structures and functions of the urinary system.
 - a. Identify structures of the urinary system.
 - b. State the functions of each structure of the urinary system.
 - c. Discuss related diseases and disorders.
25. Determine the importance of intake and output measurement.

- a. Define terms associated with intake and output.
 - b. Calculate intake and output measurements.
 - c. Convert intake and output measurements to metric equivalents.
 - d. Discuss urinary catheterization in classroom lab setting.
26. Interpret the basic structures and functions of the nervous system.
- a. Identify the major structures and functions of the nervous system.
 - b. Recognize procedures for neurological exam.
 - c. Perform neurological exams.
 - d. Discuss related diseases and disorders.
27. Interpret basic structure and functions of the sensory systems.
- a. Label the basic structures of the sensory organs.
 - b. Identify the functions of the sensory organs.
28. Interpret the basic structures and functions of the female reproductive system.
- a. Identify the major structures and functions of the female reproductive system.
 - b. Discuss diseases and disorders of the female reproductive system.
 - c. Discuss the procedures of a breast exam.
 - d. Perform breast exam on model in lab.
29. Interpret the basic structures and functions of the male reproductive system.
- a. Identify major structures and functions of the male reproductive system.
 - b. Discuss diseases and disorders of the male reproductive system.
 - c. Discuss procedures of a testicular exam.
 - d. Perform testicular exam on model in lab.
30. Interpret the basic structures of the endocrine system.
- a. Define key terms related to the endocrine system.
 - b. Label structures of the endocrine system.
31. Interpret the basic functions of the endocrine system.
- a. Analyze the actions of hormones on various body functions.
 - b. Recognize diseases and disorders of the endocrine system.
32. Identify ways pathogenic microorganisms are spread in relation to the infection cycle.
- a. Review the integumentary system.
 - b. Define terms related to infection control and asepsis.
 - c. Define general principles, purposes, and types of isolation.
 - d. Demonstrate how to don and remove isolation garments and equipment.
 - e. Describe basic methods of sterilization and disinfection.
 - f. Discuss concurrent and terminal cleaning of a patient unit.
33. Explain procedures related to infection control.
- a. Demonstrate a sterile procedure maintaining a sterile field.
 - b. Describe basic techniques to prepare, wrap, and sterilize instruments.
 - c. Observe a surgical scrub.
 - d. Discuss repair of medical equipment by biomedical personnel.
34. Discuss stages of growth and development.
- a. Review the reproductive system.
 - b. Identify physical, mental, emotional, and social development characteristics of each of Erikson's stages of development from infancy through late adulthood.
 - c. Identify Maslow's Hierarchy of Human Needs.
 - d. Discuss cultural practices that affect needs.

35. Explain concepts related to death and dying.
 - a. Describe the five stages of grief.
 - b. Discuss hospice care.
 - c. Define living will, advance directives, and organ donation.
36. Describe careers available in rehabilitative health care.
 - a. Compare job descriptions in the field of rehabilitative health care.
 - b. Differentiate educational levels and credentials required.
37. Explain procedures related to rehabilitative health care.
 - a. Review the musculoskeletal system.
 - b. Demonstrate the use of assistive devices for activities of daily living and ambulation.
 - c. Perform passive and resistive range of motion exercises.
 - d. Apply hot, cold, and moist compresses.
38. Demonstrate job seeking skills.
 - a. Prepare a resume containing essential information utilizing word processing software.
 - b. Complete a job application form on paper or online.
 - c. Discuss procedures for job interviews.
 - d. Demonstrate the role of an applicant in a job interview.
 - e. Describe job interview etiquette.
39. Explain job keeping skills.
 - a. Discuss positive relations with clients and peers.
 - b. Write a letter of resignation.

Appendix A: Standards for an Accredited Educational Program for the Occupational Therapy Assistant¹

B.1.0 FOUNDATIONAL CONTENT REQUIREMENTS

- B.1.1. Demonstrate oral and written communication skills.
- B.1.2. Employ logical thinking, critical analysis, problem-solving, and creativity.
- B.1.3. Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (i.e., PowerPoint).
- B.1.4. Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, anatomy, physiology, and biomechanics.
- B.1.5. Demonstrate knowledge and understanding of human development throughout the life span (infants, children, adolescents, adults, and the elderly). Course content must include, but is not limited to, developmental psychology.
- B.1.6. Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences (e.g., principles of psychology, sociology, and abnormal psychology).
- B.1.7. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology).
- B.1.8. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations.
- B.1.9. Demonstrate knowledge of global social issues and prevailing health and welfare needs.
- B.1.10. Articulate the importance of using statistics, tests, and measurements.

B.2.0. BASIC TENETS OF OCCUPATIONAL THERAPY

- B.2.1. Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy.
- B.2.2. Describe the meaning and dynamics of occupation and activity including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.
- B.2.3. Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client.
- B.2.4. Articulate the importance of balancing areas of occupation with the achievement of health and wellness.
- B.2.5. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
- B.2.6. Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the

¹ Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association. (2006). Retrieved November 17, 2006, from <http://www.aota.org/index.asp>

individual within the cultural context of family and society on occupational performance.

- B.2.7. Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to implement the intervention plan.
- B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
- B.2.9. Express support for the quality of life, wellbeing, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
- B.2.10. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.
- B.2.11. Apply models of occupational performance and theories of occupation.

B.3.0. OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES

- B.3.1. Describe basic features of the theories that underlie the practice of occupational therapy.
- B.3.2. Describe models of practice and frames of reference that are used in occupational therapy.
- B.3.3. Analyze and discuss how history, theory, and the sociopolitical climate influence practice.

B.4.0. SCREENING AND EVALUATION

- B.4.1. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.
- B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
- B.4.3. Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes
 - The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).

- B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
- B.4.5. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
- B.4.6. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.

B.5.0. INTERVENTION AND IMPLEMENTATION

- B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
 - The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).
- B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.
- B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- B.5.4. Provide training in self-care, self-management, home management, and community and work integration.
- B.5.5. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills.
- B.5.6. Provide therapeutic use of self including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
- B.5.7. Describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments.

- B.5.8. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles.
- B.5.9. Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating systems) used to enhance occupational performance.
- B.5.10. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
- B.5.11. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving.
- B.5.12. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors.
- B.5.13. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.
- B.5.14. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
- B.5.15. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
- B.5.16. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
- B.5.17. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
- B.5.18. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.
- B.5.19. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.
- B.5.20. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions.
- B.5.21. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist.
- B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
- B.5.23. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.

- B.5.24. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.
- B.5.25. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes.
- B.5.26. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.
- B.5.27. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.

B.6.0. CONTEXT OF SERVICE DELIVERY

- B.6.1. Describe the contexts of health care, education, community, and social models or systems as they relate to the practice of occupational therapy.
- B.6.2. Identify potential impacts of social, economic, political, geographic, or demographic factors on the practice of occupational therapy.
- B.6.3. Identify the role and responsibility of the practitioner to address changes in service delivery policies, to effect changes in the system, and to recognize opportunities in emerging practice areas.

B.7.0. ASSISTANCE WITH MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES

- B.7.1. Identify how the various practice settings (i.e., medical institutions, community practice, school systems, etc.) affect the delivery of occupational therapy services.
- B.7.2. Identify the impact of contextual factors on the management and delivery of occupational therapy services.
- B.7.3. Identify the systems and structures that create federal and state legislation and regulation and their implications and effects on practice.
- B.7.4. Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.
- B.7.5. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.
- B.7.6. Identify the mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories.
- B.7.7. Demonstrate the ability to participate in the development, marketing, and management of service delivery options.
- B.7.8. Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.
- B.7.9. Identify strategies for effective, competency-based legal and ethical supervision of non-professional personnel.

- B.7.10. Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.

B.8.0. PROFESSIONAL LITERATURE

- B.8.1. Articulate the importance of professional research and literature and the continued development of the profession.
- B.8.2. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.
- B.8.3. Identify the skills necessary to follow a research protocol including accurate and confidential collection of data and related documentation.

B.9.0 PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES

- B.9.1. Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice, and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.
- B.9.2. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
- B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, and the public.
- B.9.4. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
- B.9.5. Identify professional responsibilities related to liability issues under current models of service provision.
- B.9.6. Identify personal and professional abilities and competencies as they relate to job responsibilities.
- B.9.7. Identify and appreciate the varied roles of the occupational therapy assistant as a practitioner, educator, and research assistant.
- B.9.8. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.
- B.9.9. Identify professional responsibilities and issues when providing service on a contractual basis.
- B.9.10. Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
- B.9.11. Identify the variety of informal and formal ethical dispute-resolution systems that have jurisdiction over occupational therapy practice.
- B.9.12. Identify strategies to assist the consumer in gaining access to occupational therapy services.
- B.9.13. Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations).

Appendix B: Related Academic Standards²

Reading

- R1 Interpret Graphic Information (forms, maps, reference sources)
- R2 Words in Context (same and opposite meaning)
- R3 Recall Information (details, sequence)
- R4 Construct Meaning (main idea, summary/paraphrase, compare/contrast, cause/effect)
- R5 Evaluate/Extend Meaning (fact/opinion, predict outcomes, point of view)

Mathematics Computation

- M1 Addition of Whole Numbers (no regrouping, regrouping)
- M2 Subtraction of Whole Numbers (no regrouping, regrouping)
- M3 Multiplication of Whole Numbers (no regrouping, regrouping)
- M4 Division of Whole Numbers (no remainder, remainder)
- M5 Decimals (addition, subtraction, multiplication, division)
- M6 Fractions (addition, subtraction, multiplication, division)
- M7 Integers (addition, subtraction, multiplication, division)
- M8 Percents
- M9 Algebraic Operations

Applied Mathematics

- A1 Numeration (ordering, place value, scientific notation)
- A2 Number Theory (ratio, proportion)
- A3 Data Interpretation (graph, table, chart, diagram)
- A4 Pre-Algebra and Algebra (equations, inequality)
- A5 Measurement (money, time, temperature, length, area, volume)
- A6 Geometry (angles, Pythagorean theory)
- A7 Computation in Context (whole numbers, decimals, fractions, algebraic operations)
- A8 Estimation (rounding, estimation)

Language

- L1 Usage (pronoun, tense, subject/verb agreement, adjective, adverb)
- L2 Sentence Formation (fragments, run-on, clarity)
- L3 Paragraph Development (topic sentence, supporting sentence, sequence)
- L4 Capitalization (proper noun, titles)
- L5 Punctuation (comma, semicolon)
- L6 Writing Conventions (quotation marks, apostrophe, parts of a letter)

Spelling

- S1 Vowel (short, long)
- S2 Consonant (variant spelling, silent letter)
- S3 Structural Unit (root, suffix)

² CTB/McGraw-Hill LLC. (1994). *Tests of adult basic education, Forms 7 and 8*. Monterey, CA: Author. Reproduced with permission of CTB/McGraw-Hill LLC. TABE is a registered trademark of The McGraw-Hill Companies, Inc. Copyright © 1994 by CTB/McGraw-Hill LLC. Reproduction of this material is permitted for educational purposes only.

Appendix C: 21st Century Skills³

CS1 Global Awareness

- Using 21st century skills to understand and address global issues
- Learning from and working collaboratively with individuals representing diverse cultures, religions, and lifestyles in a spirit of mutual respect and open dialogue in personal, work, and community contexts
- Promoting the study of non-English language as a tool for understanding other nations and cultures

CS2 Financial, Economic, and Business Literacy

- Knowing how to make appropriate personal economic choices
- Understanding the role of the economy and the role of business in the economy
- Applying appropriate 21st century skills to function as a productive contributor within an organizational setting
- Integrating oneself within and adapting continually to our nation's evolving economic and business environment

CS3 Civic Literacy

- Being an informed citizen to participate effectively in government
- Exercising the rights and obligations of citizenship at local, state, national, and global levels
- Understanding the local and global implications of civic decisions
- Applying 21st century skills to make intelligent choices as a citizen

CS4 Information and Communication Skills

- Information and media literacy skills: Analyzing, accessing, managing, integrating, evaluating, and creating information in a variety of forms and media; understanding the role of media in society
- Communication skills: Understanding, managing, and creating effective oral, written, and multimedia communication in a variety of forms and contexts

CS5 Thinking and Problem-Solving Skills

- Critical thinking and systems thinking: Exercising sound reasoning in understanding and making complex choices, understanding the interconnections among systems
- Problem identification, formulation, and solution: Ability to frame, analyze, and solve problems
- Creativity and intellectual curiosity: Developing, implementing, and communicating new ideas to others, staying open and responsive to new and diverse perspectives

CS6 Interpersonal and Self-Directional Skills

- Interpersonal and collaborative skills: Demonstrating teamwork and leadership, adapting to varied roles and responsibilities, working productively with others, exercising empathy, respecting diverse perspectives
- Self-direction: Monitoring one's own understanding and learning needs, locating appropriate resources, transferring learning from one domain to another
- Accountability and adaptability: Exercising personal responsibility and flexibility in personal, workplace, and community contexts; setting and meeting high standards and goals for one's self and others; tolerating ambiguity

³ 21st century skills. (n.d.). Washington, DC: Partnership for 21st Century Skills.

- Social responsibility: Acting responsibly with the interests of the larger community in mind; demonstrating ethical behavior in personal, workplace, and community contexts