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Doctoral Capstone Experience in Academia and Policy Development: Nova Southeastern University

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OTD8494: Doctoral Capstone & Exit Colloquium

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Abstract

An exceptional amount of literature points to the benefits of hands-on learning experiences for students enrolled in healthcare programs (Coker, 2009; Doucet, 2012; Thomas et al., 2017 & Velde, 2009). Goals of my doctoral capstone experience (DCE) included: 1) Develop the foundational requirements for Nova Southeastern University (NSU) to increase hands-on experiential student learning and potentially develop an on-site clinic in the future, and 2) Create and deploy educational materials for the students in the class of 2022 to increase their hands-on learning while taking the course virtually. The results include the creation of three sets of clinical reasoning guides for students to use as a reference when assessing future patients, as well as a set of resources for future patients who may need assistance from other health professionals. Future students interested in continuing this project should take into account developing strong community partnerships and creating strong lines of communication within the OTD department as well as with future clinical partners.

Keywords: occupational therapy, student, pilot clinic, hands-on experience, simulated learning, domains of learning, educational theory, and constructivism.

Doctoral Capstone Experience: Culminating Project

My doctoral capstone experience (DCE) took place at Nova Southeastern University (NSU) Tampa Bay Regional Campus in the Doctor of Occupational Therapy (OTD) department under the supervision of Dr. Thomas Decker. The Accreditation Council for Occupational Therapy Education (ACOTE) focus areas for my DCE were education and program and policy development, and the setting was academia. These focus areas consisted of preparing for, teaching, and deploying educational materials for OTD8273 Occupational Therapy Interventions III, Physical Disabilities (see Appendices, B, C, D, and E) and creating clinical reasoning forms as part of a framework to be used by NSU for bringing in clients to each of the three Interventions courses in the future. The forms created are intended to be used when students and faculty are able to safely return to campus, in order to provide students with more hands-on experience throughout the semester (see Appendix A). My mentor, Dr. Thomas Decker, has expertise in the practice setting of adult physical disabilities, as well as in program and policy development; along with starting and running his own occupational therapy clinic in Ireland, he was the fieldwork coordinator at NSU for several years and worked to develop the fieldwork program into a collaborative process between students, faculty, and clinical sites. The population served included the OTD class of 2022 and the OTD interventions course instructors. My collaborators included my mentor Dr. Thomas Decker, as well as my classmate Daniel Pereira and adjunct instructors Dr. Kaye Rubio and Dr. Amanda Pignon.

Literature Review

Relevant literature for my culminating project was found using Medline and CINAHL. Key terms searched included “occupational therapy”, “student”, “pilot clinic”, “hands-on

experience", "simulated learning", "domains of learning", "educational theory", and "constructivism". The focus of this literature review was to highlight the benefits of hands-on learning experiences in educating healthcare students; furthermore, to review the basis of educational theories and domains of learning as well as their applications and implications for curriculum design and student learning.

The literature supports enhanced outcomes for allied health students who are given increased experiential learning opportunities. Occupational therapy students at the University of Puget Sound took part in a student learning clinic (SLC) prior to going on their Level II Fieldwork, and used a self-assessment tool to rate their perceived competency and general clinical skills before and after participating in the SLC (Zylstra et al., 2020). The students reported feeling increased competence and clinical readiness following their time in the SLC. On average, students reported feeling as though they were equipped with generalized knowledge from their academic experience and observations; following their time in the clinic, the students generally reported feeling as though they now had knowledge of general clinical skills (Zylstra et al., 2020).

Similar findings were reported by Thomas et al. (2017) following a survey study of Masters of Occupational Therapy (MOT) students and Doctor of Physical Therapy (DPT) students at The Ohio State University who participated in an intensive case simulation laboratory that utilized standardized patients to prepare students to work in an acute care setting. These MOT and DPT students worked with three standardized patients who simulated conditions commonly seen in the ICU, including a cerebral vascular accident (CVA), traumatic brain injury (TBI), and spinal cord injury (SCI). Each standardized patient portrayed an "emergency event" during the simulated experience, in order to give the students an idea of what working in an acute

care setting entailed. Following the simulated experience, MOT and DPT students reported increased perception of preparedness to work in an acute care setting.

A study by Coker (2009) examined 25 occupational therapy students who participated in a one-week experiential hands-on learning program with children with hemiplegic cerebral palsy. The students worked under the supervision of a licensed occupational therapist and helped provide constraint induced movement therapy (CIMT) for a total of 30 hours of hands-on learning. Critical thinking and clinical reasoning skills were measured before and after the students completed the hands-on experience. A statistically significant change in the student's scores on two measures of critical thinking and clinical reasoning skills was noted (Coker, 2009). Students demonstrated higher scores on the Self-Assessment of Clinical Reflection and Reasoning (SACRR) as well as the California Critical Thinking Skills Test (CCTST).

A common diagnosis that occupational therapists work with across a wide array of settings is cerebrovascular accident (CVA). Multiple complexities and complications may occur after a CVA, and thus experience with patients diagnosed with a CVA is a crucial component of education for health care students. Doucet & Seale (2012) conducted a study on the efficacy of a clinic that provided free services to patients who had experienced a CVA; patient improvement was examined, as well as student learning outcomes. OT and PT Students from the University of Texas Medical Branch (UTMB) at Galveston evaluated and provided treatment to 78 patients who had experienced a CVA, under the supervision of faculty and community clinicians, across the span of one year. Positive student learning outcomes, as well as patient improvement, were noted after participation in the clinic; >90% of PT and OT students reported that they felt the clinic prepared them for future clinical rotations, while 93% of patients reported they felt they had made functional progress during their time at the clinic.

Simulated patient experiences have been shown to be efficacious in enhancing student learning as well. Velde et al. (2009) described the use of standardized and simulated clients as part of occupational therapy student education; students described their experiences after working with these clients. Student perceptions of the experience were coded into themes, and included “I felt like a therapist”, “I integrated knowledge and applied my skills with the help of my partner”, and “the experience could be enhanced”. In addition, the students rated this instructional method (simulated learning) higher than all other forms of instructional methods.

It is important to consider theories of education when creating content for a course to ensure that students get the most out of their educational experience. Constructivism is a common approach to education that emphasizes the process through which students take in new information and connect it to processes and knowledge they already possess (Clark, 2018). A patient case study is an example of a learning activity that utilizes the constructivist approach; case study assignments are used in occupational therapy education to connect real-world scenarios with educational material that students have learned in their textbooks, such as measuring range of motion and administering assessments.

In order to prepare students for complex clinical scenarios they are likely to encounter in practice, health care education programs must consider how to integrate constructivism into clinical and didactic portions of education. Brandon & All (2010) analyzed how constructivism can be applied to curriculum development, specifically within a nursing program. A main tenet of constructivism in educating future health care professionals is a focus on teaching concepts and shifting the focus away from content memorization. Students learn by applying critical thinking skills to case studies or problem-based scenarios and, through this, build upon and apply their clinical knowledge (Brandon & All, 2010). The principles in this article strongly relate to

curriculum development in other schools of allied health professions, including occupational therapy programs. Encouraging and fostering active participation, student driven learning, and preparing students to integrate broad concepts into clinical practice are some of the most effective techniques at preparing future occupational therapists for clinical practice.

Educating future occupational therapists is a process that changes with time and is influenced by internal and external factors. Mitcham (2014) explored the concept of "education as engine"; this descriptor connotes the power of education to transform, transmit, and transport. The COVID-19 pandemic has presented an extraordinary challenge in regards to occupational therapy education. The Nova Southeastern University (NSU) Entry-Level Doctor of Occupational Therapy (OTD) program was designed as a hybrid program where students would attend in-person classes from Thursday through Sunday once a month. Since March of 2020, the NSU OTD program has been conducted 100 percent virtually due to the pandemic. This has forced the faculty and students to adjust to a new way of learning and instructing. Delivery education through a new means required creativity and problem solving, but the focus and purpose of education remained the same. Educating future occupational therapists requires a clear focus, knowledge of what we do, collective values and beliefs as a profession, and the ability to adapt to rapid societal changes (Mitcham, 2014).

Incorporating the three domains of learning into occupational therapy curricula is vital for student learning experiences. The cognitive domain encompasses knowledge, comprehension, analysis, synthesis, and evaluation; the affective domain encompasses receiving, responding, valuing, organizing, and characterizing; finally, the psychomotor domain encompasses physical functions, reflex actions, and interpretive movements (Wilson, 2021). Creating assignments in

graduate level occupational programs that include all three domains of learning is a useful tool in helping students retain knowledge and apply concepts to complex scenarios.

Designing a curriculum and creating assignments for occupational therapy students takes time and careful planning. It is important for instructors to not get caught up in including as much content as possible in their courses; an abundance of content is not useful for student learning unless concepts are taught as well. Hooper (2009) discussed the centennial vision for occupational therapy, and how conceptual learning can be embedded into occupational therapy curriculums. Helping students become reflective learners who are constantly analyzing and evaluating themselves as future practitioners is powerful, and prevents the overarching method of teaching within occupational therapy programs from becoming presentation of content to be memorized.

Needs Assessment

Through discussions with the NSU OTD faculty and my mentor, Dr. Thomas Decker, areas were identified that could be contributed to with my final culminating project. An increased hands-on experiential component with occupational therapy clients is the need that was identified to fill in the academic setting; by working closely with the NSU OTD faculty and student body, as well as my fellow classmate and DCE collaborator, Daniel Pereira, more specific areas of need were identified. A focus group with the NSU OTD faculty was hosted to determine concerns in regards to the project; further, a survey was created and distributed to the OTD students regarding the culminating project to assess its long-term feasibility.

Following the focus group, it was determined that there were several barriers to the originally planned capstone project. The ongoing COVID-19 pandemic made it infeasible to bring clients to the campus, as the entire semester was being disseminated virtually, aside from a

weeklong skills camp. My hope was then to bring adult clients into the skills camp being hosted for the class of 2022, however it was determined that this would not be possible due to the current circumstances. Due to these limiting factors, my doctoral capstone was refocused and the culminating project shifted to the creation of a framework of policies and procedures for the instructors of the three interventions classes that make up the second year OTD curriculum.

My focus was to create forms to be used with clients coming in and a form was created for each of the intervention courses: Interventions I-Psychosocial and Community, Interventions II-Children and Youth, and Interventions III-Physical Disabilities. In addition to the forms created, I also collaborated with Dr. Thomas Decker and Daniel to create content for the class of 2022 in the OTD8273 course that would give them the simulation of "hands on" experience while learning virtually for the duration of the semester. We identified the need for these assignments based on the semester taking place virtually; these assignments were designed to give students a more detailed view of what it looks like to be hands-on with patients. The details of the assignments created can be found in Appendix E. The purpose of creating these assignments and handouts was to enhance student learning as they participate in a virtual learning experience, and to try to enhance hands-on experience for students while working within the constraints the COVID-19 pandemic has put on clinical education. The three domains of learning were utilized to create challenging and meaningful assignments for the OTD8273 course.

Goals & Objectives Achieved

My first goal was to create a template of forms that can be used to assess and clinically document information on individuals who come to Nova Southeastern University to be treated by occupational therapy students under the supervision and direction of the faculty of the OTD

program. The first related objective for this goal was to search the literature and identify outcomes of programs that used this type of experiential learning model in order to best serve my site. This was accomplished by accessing multiple databases through the NSU library, including CINAHL and Medline. The second related objective for this goal was to collaborate with my mentor to identify the most important areas for assessing and interviewing a client to identify relevant problem areas and treatment plans. This objective was accomplished via weekly meetings with Dr. Decker and collaborative creation and editing of clinical reasoning guides.

My second goal was to learn to prepare and carry out relevant educational materials for a course in the OTD program. The first related objective for this goal was to review the syllabus to identify areas missing within the curriculum in order to redesign the syllabus. Through discussion with Dr. Thomas Decker and Daniel, multiple areas were identified within the syllabus that could be reformatted or added to in order to create additional learning experiences. The second related objective for this goal was to identify areas within the curriculum that needed more educational materials created to enhance student learning. Following further review of the course assignments and the syllabus, areas that warranted further educational materials included the role of occupational therapy within the domain of sexual health, as well as assignments related to documentation that would enhance student learning.

My third goal was to increase my knowledge and practice skills in the specialized practice area of adult physical disabilities. The first related objective for this goal was to arrange and participate in Q&A sessions with guest speakers who work in the practice area of adult physical disabilities. The second related objective for this goal was to assist in instruction of an adult physical disabilities' skills camp involving review of transfers, NDT principles, controlled falls to protect client and therapist, treatment planning, goal writing, and adult assessments.

Summary

The result of my goals and objectives included the creation of different educational materials, handouts, and assignments (see Appendices A-D). The three goals all helped to fill the gap previously identified in the literature, which was a lack of hands-on learning experience in health care programs. Through the creation of assignments, culminating in a practical exam at skills camp, the students were able to experience hands-on learning with simulated patient interaction experiences. Although the hope was to bring in actual patients for the students to work with during skills camp, this was not feasible due to COVID-19. The students were able to simulate different diagnoses at skills camp in order to experience how it would be to work with real patients.

The first five weeks of the DCE were spent preparing for the course to begin in January; this consisted of assembling materials, organizing the course shell, revising the syllabus, and creating rubrics and answer keys for assignments. The course shell was also organized to be easily accessible for the students and to contain all relevant materials. Once the course began on January 4th, the focus shifted to assisting with grading assignments, working with students to clarify concepts they needed further assistance with, creating and modifying assignments as needed, attending research and class meetings, and coordinating with guest speakers.

After 16 weeks of work, the results include the creation of forms for the interventions courses as well as an abundance of educational materials (see Appendix C). Recommendations for the future, for any students who should want to continue this DCE, include: 1) Work with the local community and with the occupational therapy department to further advance the project, to the point that real patients could be brought in for students to treat, and 2) Place a strong

emphasis on communication; this is a multi-part project, and it is crucial that everyone be on the same page.

This project will be sustained through the mentor site through the three intervention courses that are taught. The clinical reasoning guides can be used if the interventions instructors choose to bring in patients that students can work with; the site contact decision tree and the site contact email script (see Appendix A) will be used by students to further advance the project and maintain and sustain connections with clinical sites in the community. Future OTD students may wish to continue this project for their DCE, and may continue to revise and add to the forms and handouts that are listed in Appendix A.

References

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Appendices

Appendix A: Experiential Framework

- Site Contact Decision Tree
- Site Contact Email Script
- Interventions I-Psychosocial and Community
- Interventions II-Children and Youth
- Interventions III-Physical Disabilities
- Population Specific Resources for Care-Psychosocial and Community
- Population Specific Resources for Care-Children and Youth
- Population Specific Resources for Care-Physical Disabilities

Appendix B: Course Preparation

- Course Syllabus
- Rubric for Gateley Worksheets
- ICE Video Assignment Answer Key

Appendix C: Educational Materials

- COVID-19 & Occupational Therapy Fact Sheet
- Institute Case Studies
- Hand & Upper Extremity PowerPoint
- Sexual Health & Occupational Therapy PowerPoint
- Roundtable Discussions

Appendix D: Skills Camp

- Practical Case Studies
- Multi-Station Lab Activities

Appendix A Site Contact Decision Tree

1. Initiate Contact
    a. "Hello this is _____ I am a student at Nova Southeastern University in the Doctor of Occupational Therapy Program, I am calling because_____
    b. If provided with patient contact information, write down and store in SECURE file
    c. Get copy of intake form (mental health, physical disabilities, or pediatrics) to fill out when speaking with patient
    d. Contact patient- "Hello this is _____ I am a student at Nova Southeastern University in the Doctor of Occupational Therapy Program, I got your information from _____ and wanted to see if you would be interested in/**I was told you were interested in** receiving occupational therapy services through a program run by occupational therapy students at Nova Southeastern University in Clearwater. We are supervised and assisted during our sessions by licensed occupational therapists."
2. Send Reminder Message
    a. 2 days before they are scheduled to come in-send reminder message
    b. Provide them with phone # to call should they not be able to make it
    c. Make sure you have provided all the information they need to know in order to access the campus (where to park, check in with the security desk and someone from the OT department will meet them there, etc.)
3. Prepare
    a. Access the proper assessment form based on what the client is coming for-base this decision on information collected from the intake form.
    b. Review information necessary-the condition/symptoms, best tx options, etc.
    c. Ensure that you have a copy of all legal forms ready to go.
4. Day of
    a. Meet the client at the security desk and introduce yourself.
    b. Have them complete the proper legal paperwork.
    c. Discuss the process of what will be going on today; finish any areas of the intake form you were not able to complete over the phone, discuss their main concerns.
    d. Administer assessment(s)
    e. Tell the client your findings→ "Based on the results of _____, my observations, and what you have told me, I think _____.
    f. Provide the client with some handouts and/or a home program.
    g. Thank the client for their time and ask them if they have any questions.
    h. Arrange a follow-up session/tell the client you will check in with them by phone in a week and see how they are doing.

Appendix A Site Contact Email Script

To Whom It May Concern,

Who
Hello, we are students from the Tampa Bay Regional Campus at Nova Southeastern University in Clearwater. We are part of the entry-level doctor of occupational (OTD) therapy program.

What
We are reaching out to various clinics and organizations to offer occupational therapy services for eligible patients, or anyone who may be in need of additional occupational therapy services for any reason. Our intent is to assist individuals who: lack adequate or necessary insurance coverage, or are experiencing any extenuating circumstances that limit their ability to receive therapeutic services.

Our goal is to provide an opportunity to assist these individuals to improve quality of life while collaborating with you as our community partners. These services can be provided in conjunction with your clinic and not intended to replace or eliminate your ability to serve your patients. In return, these individuals, at no cost to them, would help illuminate the occupational therapy process for students under the supervision and tutelage of skilled faculty clinicians.

How
Patients meeting criteria would be provided with therapeutic services either directly by, or under close observation of, experienced and licensed occupational therapy faculty. These patients would be provided an in-depth evaluation, treatments, and home exercise program(s) that are client-centered and evidence-based.

Why
Our intention in developing this relationship is to work together in giving back to our local community, while also educating students about becoming dedicated and passionate future clinicians. If you are in a position to improve the quality of life for any patients and assist them in gaining additional access to therapeutic services, please respond. Any answers or further details will be provided. We would love to work in tandem to address community health.

XXXsignatureXXXX
Xxxx NSU xxxxx
Xxxx contact info xxxx

Appendix A Interventions I-Psychosocial and Community Clinical Reasoning Guide

Adult Mental Health Clinical Reasoning Guide

What do you observe/What does the client describe? Circle all that apply:

Cognition--Anxiety--Depression--Fear

Loss of Appetite--Intrusive Thoughts--Other(describe)

Describe (Intensity? When did this start? What makes it better/worse?)

_____

_____

_____

_____

What occupations are being impacted? Please check all that apply and describe.

☐ **ADLs**

☐ Bathing, dressing, toileting

☐ Dressing (Do you need assistance getting dressed? Do you have trouble sequencing the steps of dressing?)

☐ Toileting (Do you need assistance using the bathroom? Do you have trouble sequencing the steps of using the bathroom?)

☐ Eating (how is your appetite?)

☐ Personal hygiene/grooming (Self-care like showering, brushing your hair?)

☐ Sexual activity (loss of interest/increased interest? Difficulty engaging in sexual activity?)

_____

_____

_____

☐ **IADLs**

☐ Caring for others (children, parents, other family members)

☐ Caring for pets

☐ Communication

☐ Transportation (driving and bus)

☐ Financial management (Do you find yourself forgetting to pay bills? Do you experience any worry about not being able to meet financial obligations?)

☐ Home management/meal preparation (have you noticed it has become more difficult to get things done around the house-laundry, preparing meals for yourself/family, etc)

☐ Shopping

☐ Religious/spiritual participation

☐ Safety/emergency maintenance (Does your home have working smoke detectors? Have you experienced any falls recently?)

_____

_____

_____

_____

☐ **Health Management**

- ☐ Social and emotional health promotion/management
- ☐ Symptom and condition management (do you see a doctor regularly? Do they prescribe you any medications?)
- ☐ Communication with the health care system
- ☐ Medication management (Do you find it difficult to take your medications on time or on the correct schedule? Do you avoid taking any medications due to the side effects?)
- ☐ Physical activity (Tell me about your exercise habits)
- ☐ Nutrition management (What do you typically eat for breakfast/lunch/dinner?)
- ☐ Personal care device management

_____

_____

_____

_____

☐ **Rest and Sleep**

- ☐ Rest
- ☐ Sleep preparation (Is it hard to fall asleep at night?)
- ☐ Sleep participation (Do you have a difficult time staying asleep?)

_____

_____

_____

_____

☐ **Education**

- ☐ Formal education participation (Are you in school?)
- ☐ Informal personal education/interest exploration

_____

_____

_____

_____

_____

☐ **Work**

☐ Employment interests and pursuits (Do you work currently? What do you do? Do you enjoy your job?)

☐ Employment seeking, acquisition, and job performance (Are you currently having difficulty finding a job or performing your job?)

☐ Retirement preparation and adjustment (Are you retired? If so, are you enjoying being retired?)

☐ Volunteer exploration and participation

_____

☐ **Leisure**

☐ Leisure exploration (What do you like to do in your free time?)

☐ Leisure participation (Do you find it difficult to make time for your hobbies?)

_____

_____

_____

_____

☐ **Social Participation**

☐ Community participation

☐ Family participation (If you feel comfortable, describe your family life)

☐ Friendships, peer group participation

☐ Intimate partner relationships (If you feel comfortable, tell me about your relationship/marriage/etc.)

_____

_____

_____

_____

Barriers to participation (contexts and client factors) in occupation (i.e., environmental, physical, social, cultural, personal; body functions [global, specific mental functions], body structures, etc.).

_____

_____

_____

_____

Standardized tools necessary for assessing occupational performance and justification for their selection? Please list a minimum of 2-3 standardized assessment tools you would use with this client, as well as justification for their use.

_____

_____

_____

Occupational Therapy Model/Frame of Reference you plan to use and justification

_____

_____

_____

_____

Results (exhaustive list of problem areas identified)?

_____

_____

_____

Impact on occupational performance?

_____

_____

Clinical observations?

_____

_____

Recommendations?

_____

_____

_____

Resource(s) used to develop this clinical reasoning guide can be found below:

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.).

American Journal of Occupational Therapy, 74(Suppl. 2), 7412410010. https://doi. org/10.5014/ajot.2020.74S2001

Appendix A Interventions II-Children and Youth Clinical Reasoning Guide

Pediatrics: Clinical Reasoning Guide

Parent/caregiver: Describe main concerns (handwriting, school, activity level, behavior, etc.) :

_____

_____

_____

_____

Describe the birth history:

- ☐ C-Section
- ☐ Vaginal birth
- ☐ Preterm birth
- ☐ Complications at birth? Describe_____

_____

_____

_____

_____

_____

What areas of occupation is your child having difficulty with? Please check all that apply and describe.

☐ **ADLs**

- ☐ **Bathing**
  - ☐ Dislike bath time?
- ☐ **Dressing**
  - ☐ Will your child only wear certain types of clothes?
  - ☐ Do certain textures (wool, silk, cotton, etc.) seem to bother them?
  - ☐ Do they have a hard time dressing themselves at an age-appropriate level?
- ☐ **Toileting**
- ☐ **Eating and feeding** (Refusal of foods? Trouble chewing and swallowing?)
- ☐ **Mobility** (crawling, walking, running, etc.)
- ☐ **Personal hygiene/grooming** (Do they resist grooming activities like hair brushing, teeth brushing, clipping nails, etc.?)

_____

_____

_____

_____

_____

_____

_____

_____

☐ **Rest and Sleep**

- ☐ Trouble falling asleep
- ☐ Trouble staying asleep
- ☐ Difficulty getting up in the morning
- ☐ Other (describe)

_____

_____

_____

_____

☐ **Education**

- ☐ Difficulty completing schoolwork on time
- ☐ Difficulty sitting still in class
- ☐ Difficulty interacting with classmates

_____

_____

_____

_____

☐ **Play**

☐ Difficulty/lack of interest in playing with age-appropriate toys

☐ Only interested in passive play (watching tv, playing on electronic devices)

_____

_____

_____

_____

☐ **Social Participation**

☐ Trouble interacting with peers

☐ Reluctant to engage in or withdraws from conversations or games with peers

☐ Difficulty understanding others' feelings or emotions (i.e., cannot tell if someone is annoyed with them or upset)

_____

_____

_____

_____

What does your child enjoy doing?

_____

_____

_____

What does your child dislike or avoid?

_____

_____

Picky eater? **YES** or **NO**

If **YES**, describe:

_____

_____

_____

Hand dominance? ☐**Left** ☐**Right** ☐ **Undetermined**
If school-age: Any trouble with handwriting in school? ☐Yes ☐No
If yes, describe:

_____

_____

_____

_____

Standardized tools necessary for assessing occupational performance and justification for their selection? Please list a minimum of 2-3 standardized assessment tools you would use with this client, as well as justification for their use.

_____

_____

_____

_____

Results (exhaustive list of problem areas identified)?

_____

_____

_____

_____

Clinical observations (posture, hand dominance, sensory behaviors [seeking/avoiding],

handwriting, play skills, ideation/execution etc.)

_____

_____

_____

_____

_____

Recommendations? (problem areas, possible areas for goals, activity ideas, clinical hypotheses

_____

_____

_____

_____

_____

Resource(s) used to develop this clinical reasoning guide can be found below:

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.).

American Journal of Occupational Therapy, 74(Suppl. 2), 7412410010. https://doi. org/10.5014/ajot.2020.74S2001

Appendix A Interventions III-Physical Disabilities Clinical Reasoning Guide

Adult Physical Disabilities: Clinical Reasoning Guide

What do you observe/ What does the client describe? Circle all that apply:

Cognition--Weakness--Pain--Limited ROM--Tremors

Spasticity—Flaccidity--Decreased Sensation--End Feels (Normal/Abnormal)--Other

Describe (Where? Intensity? When did it start? What makes it better/worse?

_____

_____

_____

_____

_____

_____

_____

_____

_____

What occupations are being impacted? Please check all that apply and describe.

☐ **ADLs**

☐ Bathing (Do you have trouble bathing? Do you use any equipment in the shower, such as a shower chair or grab bars?)

☐ Dressing (Do you have trouble dressing yourself?)

☐ Toileting (Do you have to 'go' frequently?)

☐ Eating/Feeding (how is your appetite?)

☐ Functional mobility (Do you use any devices while you walk, like a cane or walker?)

☐ Personal hygiene/grooming (Self-care like showering, brushing your hair?)

☐ Sexual activity (loss of interest/increased interest? Difficulty engaging in sexual activity?)

_____

_____

_____

☐ **IADLs**

☐ Caring for others (children, parents, other family members)

☐ Caring for pets

☐ Communication

☐ Driving (Do you drive? How do you get around in the community?)

☐ Financial management

☐ Home management/meal preparation (have you noticed it has become more difficult to get things done around the house-laundry, preparing meals for yourself/family, etc.)

☐ Shopping (Difficulty going to the grocery store? Mall?)

☐ Religious/spiritual participation (Is religion or spirituality an important part of your life? Barriers to participating in religious/spiritual activities?)

_____

_____

_____

☐ **Health Management**

☐ Social and emotional health promotion/management

☐ Symptom and condition management (do you see a doctor regularly? Do they prescribe you any medications?)

☐ Communication with the health care system

☐ Medication management (Do you find it difficult to take your medications on time or on the correct schedule? Do you avoid taking any medications due to the side effects?)

☐ Physical activity (Tell me about your exercise habits)

☐ Nutrition management (What do you typically eat for breakfast/lunch/dinner?)

☐ Personal care device management

_____

_____

_____

☐ **Rest and Sleep**

☐ Sleep (Trouble staying asleep? Falling asleep?)

☐ Sleep preparation and participation

_____

_____

_____

☐ **Education**

- ☐ Formal education participation (Are you in school/college/pursuing a degree?)
- ☐ Informal personal education/interest exploration

_____

_____

_____

☐ **Work**

- ☐ Employment interests and pursuits (Do you work currently? What do you do? Do you enjoy your job?)
- ☐ Employment seeking and acquisition
- ☐ Job performance and maintenance
- ☐ Retirement preparation and adjustment (How is retirement going for you?)
- ☐ Volunteer exploration
- ☐ Volunteer participation

_____

_____

_____

☐ **Leisure**

- ☐ Leisure exploration (What do you like to do in your free time?)
- ☐ Leisure participation (Any barriers to participation in your hobbies?)

_____

_____

_____

☐ **Social Participation**

- ☐ Community participation
- ☐ Family participation (If you feel comfortable, describe your family life)
- ☐ Friendships
- ☐ Intimate partner relationships (If you feel comfortable, tell me about your relationship/marriage/etc.)
- ☐ Peer group participation

_____

_____

_____

Barriers to participation (contexts and client factors) in occupation (i.e., environmental, physical, social, cultural, personal; body functions [global, specific mental functions], body structures, etc.).

_____

_____

_____

_____

Standardized tools necessary for assessing occupational performance and justification for their selection? Please list a minimum of 2-3 standardized assessment tools you would use with this client, as well as justification for their use.

_____

_____

_____

Results (exhaustive list of problem areas identified)?

_____

_____

_____

Impact on occupational performance?

_____

_____

_____

_____

Clinical observations?

_____

_____

Recommendations?

_____

_____

_____

Resource(s) used to develop this clinical reasoning guide can be found below:

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.).

American Journal of Occupational Therapy, 74(Suppl. 2), 7412410010. https://doi. org/10.5014/ajot.2020.74S2001

Appendix A Population Specific Resources for Care-Psychosocial and Community

"Occupational therapy is one of many health professions who can address mental health concerns. Below you will find a list of resources, local and national, that provide mental health care."

Personal Enrichment through Mental Health Services (PEMHS)
11254 58th St.
Pinellas Park, FL 33782
Ph: 727.545.6477

- A non-profit behavioral health center that provides 24-hour access to a suicide hotline, emergency screening, and crisis intervention services, inpatient services for adults and children, and community-based programs.

National Alliance on Mental Illness (NAMI)
NAMI Pinellas County Chapter
8800 49th St. N
#302
Pinellas Park, FL 33782
Ph: 727.826.0807

- NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives. NAMI offers multiple mental health services, including peer support groups and support groups for families who have a loved one experiencing mental illness.

Crisis Text Line
Ph (text): 741741

- A global not-for-profit organization that provides free mental health services via text messaging. These services are confidential and available 24 hours a day.

National Suicide Prevention Hotline
Ph: 1.800.273.8255

- A suicide prevention network of over 160 crisis centers that provides 24/7 service via a toll-free hotline available to anyone in suicidal crisis or emotional distress.

Depression and Bipolar Support Alliance (DBSA)
DBSA Tampa Bay Chapter
PO Box 16735
St. Petersburg, FL 33733
Ph: 727.410.1569
Email: dbsatampabay1985@gmail.com

- A national organization offering peer-based, wellness-oriented support, empowering services and resources, and guidance for individuals living with mood disorders as well as their friends and families. There are nearly 600 support groups nationwide.

National Institute of Mental Health (NIMH)
Ph (Information and Resource Center): 1.866.615.6464

- The lead federal agency for research on mental disorders, providing information on clinical trials, resources for individuals living with mental disorders, as well as resources for friends and families who have a loved one living with a mental disorder.

The Jed Foundation
PO Box 60174
Brooklyn, NY 11206
Ph: 1.212.647.7544

- A nonprofit that strives to protect emotional health and prevent suicide among teenagers and young adults. The Jed Foundation provides numerous resources, including a mental health resource center, partnership with schools and universities to strengthen their substance abuse and suicide prevention programs, and education for individuals, families, and communities.

Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Rockville, MD 20857
Ph: 1.877.726.4727

- SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance behavioral health and reduce the impact of substance abuse and mental illness on communities.

Treatment Advocacy Center (TAC)

- National nonprofit organization that is dedicated to making treatment possible for severe mental illness. TAC provides resources for policymakers, advocates, and families. TAC aims to eliminate barriers to accessing treatment for mental health disorders.

Mental Health America (MHA)
500 Montgomery St.
Suite 820
Alexandria, VA 22314
Ph: 703.684.7722

- MHA is a “community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all.”

Boley Centers
Paula J. Hays Building
445 31st Street N.
St. Petersburg, FL 33713
727-821-4819

- Boley Centers is a private, not-for-profit organization serving individuals with mental disabilities, individuals and families who have been homeless, Veterans and youth. Boley Centers provides services in Pinellas, Hillsborough, Manatee, Pasco, Charlotte and Sarasota Counties.

Appendix A *Population Specific Resources for Care-Children and Youth*

"Occupational therapy is one of many health care professions that can assist if you have concerns regarding your child's growth and development. Below, you will find information regarding a list of other health care professions that can address any concerns you have regarding your child's physical and emotional development."

Additional Resources and Professionals Who Can Help

Does your infant:

- ☐ *(4 months or older)* Rarely babble?
- ☐ Have difficulty with feeding and/or swallowing?
- ☐ Spit up or vomit frequently?
- ☐ *(7 months or older)* Rarely make gestures (waving, pointing, etc.)?

Does your toddler:

- ☐ Need assistance understanding words that are spoken to them?
- ☐ Have difficulty pronouncing certain letters of the alphabet?
- ☐ Have difficulty putting words together to make a sentence?

Does your child:

- ☐ Have difficulty pronouncing certain letters of the alphabet?
- ☐ Experience a stutter when speaking?
- ☐ Have difficulty eating/drinking age-appropriate foods and liquids?
- ☐ Need assistance communicating at an age-appropriate level?
- ☐ Need assistance understanding words that are spoken to them?

If you checked any of the above, your child may benefit from the services of a **pediatric speech-language pathologist.** Pediatric speech-language pathologists work with parents and children to provide them the tools they need to improve their language, feeding, and communication skills.

Does your infant:

- ☐ Seem to prefer turning their head to one side?
- ☐ *(6 months and older)* seem to dislike or not be able to bear weight through their legs?
- ☐ *(8 months and older)* rarely sit upright, or seem to have difficulty maintaining a sitting position?
- ☐ *(12 months and older)* have difficulty walking, or has not started walking by 12 months?

Does your toddler:

- ☐ Seem to fall more than same-age peers?
- ☐ Have a hard time sitting upright?
- ☐ Tend to walk on their tip toes?

☐ Struggle with gross motor skills (walking, climbing, etc.)

Does your child:

☐ Seem to fall more than same-age peers?

☐ Have a difficult time maintaining an upright posture?

☐ Tend to walk on their tip toes?

☐ Seem to have less muscle power than same-age peers?

If you checked any of the above, your child may benefit from the services of a **pediatric physical therapist.** Pediatric physical therapists work with parents and children to provide them the tools they need to work on the child's movement patterns, balance, posture, flexibility, strength, and range of motion.

Does your child:

☐ Tend to cry easily when under stress?

☐ Express concern or worry often?

☐ Often get sad?

☐ Engage in repetitive and self-harming behavior such as skin-picking or hair-pulling?

☐ Express concerns about not being as good as his/her peers?

☐ Experience difficulties in several areas of life, such as friendships, family life, school/ academic performance, and leisure time?

If you checked any of the above, your child may benefit from the services of a **pediatric psychologist.** Pediatric psychologists work with parents and children on a range of mental health concerns, including coping skills, self-esteem, depression, anxiety, trauma, behavioral problems, and more.

Does your infant, child, or toddler:

☐ Struggle to maintain their weight (tend towards being underweight or overweight)?

☐ Struggle with food allergies?

☐ Have an underactive or overactive appetite?

☐ Have a feeding tube that provides nutrition?

If you checked any of the above, your child may benefit from the services of a **pediatric registered dietician**. Pediatric registered dieticians work with parents and children on a range of dietary and nutritional issues, including healthy meal planning, transitioning from tube feeding to mouth feeding, concerns with a variety of appetite problems, and weight management.

Does your child:

- ☐ Struggle in certain subjects in school?
- ☐ Avoid certain educationally relevant activities?
- ☐ Avoid school related work beyond what you as a parent would expect?
- ☐ Struggle to master skills in reading, spelling, writing or math at or near expected age and grade levels?

If you checked any of the above, your child may benefit from the services of an **educational psychologist.** Educational psychologists study how people learn and work to improve the instructional process by considering unique student needs.

Appendix A Population Specific Resources for Care-Physical Disabilities

"Occupational therapy provides services across a continuum of care, including in the hospital, rehabilitation centers, nursing facilities, and occupational therapists can even come work with you within your own home. Below you will find more information on occupational therapy services provided in each one of these settings."

Home Health: Occupational therapists (OTs) who work in a home health setting come to your home to work with you and see how you can manage doing daily activities around the house. A few key conditions that OTs can help with management of include the following (not an exhaustive list):

1. *Diabetes*: OTs work with home health patients to incorporate diabetes management into their daily routines; this includes things like skin inspection and foot care, blood sugar monitoring, establishing healthy exercise and eating habits, and training in compensatory strategies to mitigate vision and sensory loss caused by diabetes.
2. *Heart failure*: OTs work with home health patients to modify their daily routines to maximize their energy and health while coping with heart failure. Some strategies OTs work with patients on include energy conservation, designing an appropriate exercise schedule, stress management, and self-monitoring for exacerbation of symptoms.
3. *Chronic obstructive pulmonary disease*: OTs work with home health patients to modify their daily routines to maximize their energy and health while coping with COPD. Some strategies OTs work with patients on include energy conservation, designing an appropriate exercise schedule, stress management, and self-monitoring for exacerbation of symptoms
4. *Cognitive and behavioral health conditions*: OTs work with home health patients on stress management, medication adherence, caregiver support, and structuring daily routines to maximize health and well-being.
5. *Home modification*: OTs work with home health patients and their families to optimize the home environment for independence and safety; this may include identifying fall risks, suggesting areas that could be modified to enhance client independence, and collaborating with other professionals such as architects, builders, and other health professionals to enable the patient to remain in their home.

Acute Care: OTs who work in an acute care setting work in hospitals on a number of different floors, including medical-surgical units, intensive care units (ICUs), and cardiac care units (CCUs). In acute care, OTs work with patients who have experienced a number of medical events, including CVA (stroke), heart attack, orthopedic surgery, neurological injury (traumatic brain injury), multi-trauma accidents, amputations, and many more. OTs in acute care help patients complete their activities of daily living (ADLs) such as dressing, bathing, and eating. OTs in acute care also work with a multidisciplinary team to plan for patient discharge to the next level of care, whether that is to the patient's home, a rehabilitation facility, or a long-term care living facility.

Inpatient Rehab: OTs in an inpatient rehab setting work with patients who are recovering from a variety of different medical conditions, including CVA (stroke), heart attack, orthopedic surgery, neurological injury (traumatic brain injury), multi-trauma accidents, amputations, and many more. To stay in an inpatient rehabilitation facility, you must be able to tolerate 3 hours of therapy per day. OTs work on daily activities, including dressing, bathing, functional mobility, toileting, and personal hygiene.

Skilled Nursing Facility (SNF): OTs who work in a SNF have many different roles, and their role may depend on the person's length of stay. For someone staying in a SNF for a short duration for rehabilitation, the OT will work with the client on daily activities such as meal preparation, home management, and financial management to prepare them for discharge.

Outpatient: OTs who work in outpatient settings see a wide variety of conditions, including patients with upper extremity injuries, strokes, brain injuries, and lymphedema, among others. OTs work on improving the client's strength, range of motion, and ability to complete daily activities.

Community Resources:

The resources listed below offer free or low-cost health services and are located throughout Pinellas County.

1. St. Petersburg Free Clinic

5501 4th St. N.

St. Petersburg, FL 33703

Ph: 727.327.0333

Services: Basic health and wellness services by volunteer physicians and nurses along with a staff including a full-time nurse practitioner, a full-time diabetic health educator and full-time nurse coordinator. The Health Center helps patients get the medications they need through the Prescription Drug Assistance program.

2. Clearwater Free Clinic

1218 Court St.

Clearwater, FL 33756

Ph: 727.447.3041

Services: Health care to low-income uninsured residents of upper Pinellas County by means of office visits, medications, lab work, x-rays, and specialty referrals. The Clinic, a volunteer driven non-profit, non-government medical facility, provides primary health care at no cost to those who do not qualify for government assistance and who cannot afford private medical care.

3. Clearwater Dental Center-Community Health Centers of Pinellas

702 Jasmine Way

Clearwater, FL 33756

Ph: 727.824.8181

Services: Dental services including extractions, fillings, dental cleanings, crowns, dentures, dental sealants, and emergency dental services.

4. Community Health Centers at Largo

12420 130th Ave. N.

Largo, FL 33744

Ph: 727.824.8181

Services: Family medicine services, dental care, health screenings, podiatry, women's health, family planning services, behavioral health, vaccines, and pharmacy services.

5. Clearwater Public Health Department Clinic

310 N. Myrtle Ave

Clearwater, FL 33755

Ph: 727.469.5800

Services: Family medicine services, dental care, health screenings, vaccines, family planning, mental health care, STD screenings.

6. Community Dental Clinic Clearwater

1008 Woodlawn St.

Clearwater, FL 33756

Ph: 727.216.6155

Services: Urgent and basic care including limited exams, comprehensive exams, x-rays, deep cleanings, fillings, and extractions.

7. Willa Carson Health Resource Center

1108 Martin Luther King Avenue

Clearwater, FL 33755

Ph: 727.467.9411

Services: Non-emergency primary health care; conditions such as diabetes, hypertension, high cholesterol, asthma, and other chronic illnesses. There are also free-to-the-public monthly education classes and a community outreach program.

Appendix B Course Syllabus

Institute 1: January 7-10			
Topics			**Assignments, Assessments & Activities**
• Course introduction • OTPF • Documentation • Practice Settings • Orientation to acute care • Infection control and prevention • Functional Independence Measure (FIM) • Blood pressure and heart rate • Special considerations for working with older adults • Physical agent modalities (PAMs) • Assessment of and treatment for pain			-Lectures -Lab activities -Complete Gateley Worksheets 4-1 & 4-2 (classroom activity) (Due 1/10/21)
2	1/11	• Rehabilitation: o Karp Ch 1 • Factors guiding evaluation and treatment o Zoltan: Ch 1 o Zoltan: Ch 2 • Health promotion and wellness for people with physical disabilities: o Pedretti: Ch 5 • Teaching activities in OT o Pedretti: Ch 7 • Occupation-based functional motion assessment: o Pedretti: Ch 20 • Documentation of OT services: Reimbursement, legal, & ethical considerations o Gateley: Ch 3	-Quiz 2 (Due 1/17/21)
Institute 2: February 4-7			
Topics			**Assignments, Assessments & Activities**
• Evaluation and treatment for ADL dysfunction • Assessment of and treatment for strength deficits • Assessment of and treatment for ROM deficits • Occupation-based functional motion assessment • Assessment of and treatment for sensory deficits • Assessment of and treatment for motor control deficits • Therapeutic occupations, activities & exercise • OT role for assessment and treatment for clients with SCI			-Lab activities -Exam 1 (1/29/21) -Lab Practical 1 (Due 1/31/21)
6	2/8	• Sexuality and physical dysfunction o Pedretti: Ch 12 o Karp: Ch 5 • Introduction to splinting o Coppard: Ch 1 & 2 • Documentation of OT services: Writing the "O"-Objective o Gateley: Ch 8	-Quiz 5 -Assignment: Complete Gateley Worksheets 8-1 through 8-4 (All due 2/14/21)

Appendix B Rubric for Gateley Worksheets

Criteria	Ratings			
Content (0.25 pts)	0.25 pts Excellent *All necessary information has been included. No sections have been left blank, and an exceptional amount of relevant, detailed, and accurate information has been included in the content.*	0.22 pts Good *Most necessary information has been included. No sections have been left blank and there is a sufficient amount of relevant, detailed, and accurate information included in the content.*	0.19 pts Acceptable *Some necessary information has been included. Some sections have been left blank and/or there are errors in providing relevant, detailed, and accurate information in the content.*	0.10 pts Unacceptable *Necessary information provided is minimal. Sections have been left blank or filled with content that is not relevant, detailed, or accurate.*
Spelling/Grammar (0.25 pts)	0.25 pts Excellent *No spelling or grammatical errors throughout the worksheet.*	0.22 pts Good *Minimal spelling or grammatical errors throughout the worksheet.*	0.19 pts Acceptable *Moderate spelling or grammatical errors throughout the worksheet.*	0.10 pts Unacceptable *Excessive spelling and grammatical errors throughout the worksheet.*
Originality (0.25 pts)	0.25 pts Excellent *The information provided is the student's own independent work.*	0.22 pts Good *The information provided is mostly the student's own independent work, with some material taken directly from the answer key in the book.*	0.19 pts Acceptable *The information provided is some of the student's own work, with mostly material taken directly from the answer key in the book.*	0.10 pts Unacceptable *The information provided is taken directly from the answer key in the book with minimal independent work done by the student.*
Following Instructions (0.25 pts) ***Something about using ICE videos appropriately***	0.25 pts Excellent *The assignment is completed based on the assigned ICE case study video. The information provided is richly detailed and accurate in regards to the patient's diagnosis, limitations, and medical status.*	0.22 pts Good *The assignment is completed based on the assigned ICE case study video. The information provided is accurate, with a minimal amount of missing details and/or inaccuracies in regards to the patient's diagnosis, limitations, and medical status.*	0.19 pts Acceptable *The assignment is completed based on the assigned ICE case study video. The information provided is accurate, with a moderate amount of missing details and/or inaccuracies in regard to the patient's diagnosis, limitations, and medical status.*	0.20 pts Unacceptable *The assignment is done on the wrong ICE case study video, or the information provided is inaccurate based on the patient's diagnosis, limitations, and medical status.*
Total	1 point	0.88 points	0.76 points	0.5 points

Appendix B ICE Video Assignment Answer Key

Week 1: Tom (ID #002) **Completed**

- *ICU Treatment Begins, Part 1: Preparing the Room*
  - What is the therapist's main objective in this video?
    - The therapist wants to assess Tom's orientation as to whether he is amenable to therapy, specifically his orientation and alertness. Further, she is setting the room up for the session, which includes identifying possible obstacles by looking at lines and tubes that are or may become tangled.

- Carlyn (ID #017)
  - *Total Hip Replacement, Part 1: Initial Assessment in Acute Care*
    - After reading about pain assessment, do you think the therapist's line of questioning was appropriate? Explain. How would you change the verbal descriptors of pain the therapist used?
      - The line of questioning could be improved by providing a numeric and descriptive pain intensity scale for Carlyn, i.e., 1 being no pain and 10 being the worst pain imaginable. Also, he could ask when the pain occurs and whether she had pain during ambulation to the restroom overnight after using the pain pump. He could ask the type of pain, "sharp, shooting, or deep".

Week 3:

Ben (ID# 001)

- *Self-Care: Dressing in Acute Care, Part 2*
  - Describe the type of approach to intervention the therapist is using? What other approach can be used?
    - She is using establish/restore but modify could be used down the road (not in the acute and rehab phases) and in the course of tx but more as a scaffolding tool (return of function may not be a reality and in this case, but that cannot yet be determined), Ben would need to learn to perform the activity with adaptive equipment and other compensatory strategies. Create/promote could be used to try to address the eventual return home, and to promote healthy habits and routines that support participation in occupations of interest.
  - Identify contributing factors related to Ben's ability to complete ADLs and then create a functional problem statement

    Area of Occupation=ADL's

    -----Contributing Factors:

Week 7:

Mary (ID# 003)

- *Visual Field Deficits: Examples in Acute Care*
  - Identify problems, progress, and rehab potential. Imagine the objective portion of this treatment, then write the assessment section of a note
    - Problems
      - Difficult for client to attend to visual stimuli in the L visual field
      - Client has decreased body awareness
      - Client is unable to recognize and self-correct trunk/posture characterized by excessive trunk flexion in seated position
      - Client demonstrates difficulty consistently attending to and supporting affected L-UE while seated
      - Diminished insight noted, impacting adaptive functions
      - Increased impulsivity noted, impacting safety awareness
    - Progress
      - Client is responsive to VCs to extend truck while seated in flexed position
      - Client adheres to L-UE positioning following VCs and tactile cues
      - Client navigates L visual field with maximal VCs and tactile cues
      - Good recall of details noted X1 within session
    - Rehab potential
      - Mary demonstrated good progress in ability to respond to visual stimuli in her L visual field with diminishing cues to rotate head left in response to requests and stimuli.
      - Client recall of question asked within session indicates good potential for recollection of compensatory/adaptive techniques taught in context
    - Assessment
      - Mary demonstrates max difficulty attending to visual stimuli in the L visual field as well as demonstrating diminished insight and increased impulsivity, impacting safety awareness and adaptive functions. She demonstrates decreased body awareness and poor ability to activate trunk

Week 11:

Marsha (ID# 021)

- *Multiple Sclerosis, Problems Observed in the Home: Part 5*
  - Review the video and create a problem statement, LTG, and STG
    - Problem statement (1) (2)
      - Client unable to engage in home management task 2° to (1) fatigue (2) knee pain....*OR*
      - (1) Fatigue (2) knee pain limits client's ability to complete home management tasks...*OR*
      - Client requires modified assistance during home management task due to (1) fatigue (2) knee pain
    - LTG
      - Client will be able to consistently verbalize and utilize effective compensatory techniques to limit fatigue w/o without VCs to limit fatigue in preparation for while engaging in home management activities within 4 weeks
      - Client will become modified independent while engaging in home management activities for 5 minutes within 5 weeks
      - Client will perform home management activities on ¾ trials with Mod I using adaptive equipment, compensatory strategies and rest breaks PRN within 5 weeks
    - STG
      - Client will complete 70% of shower cleaning activity using adaptive equipment/strategies PRN for 1 minute while demonstrating effective energy conservation techniques on ¼ trials within 2 weeks
      - Client will identify 2-3 client-centered adaptive strategies and/or pieces of equipment to compensate for decreased strength during shower cleaning activity within 1 week

Appendix C COVID-19 & Occupational Therapy Fact Sheet

Occupational Therapy & COVID-19

1. How has COVID-19 impacted occupational therapy (OT) services? What is the role of OT in the COVID-19 pandemic?

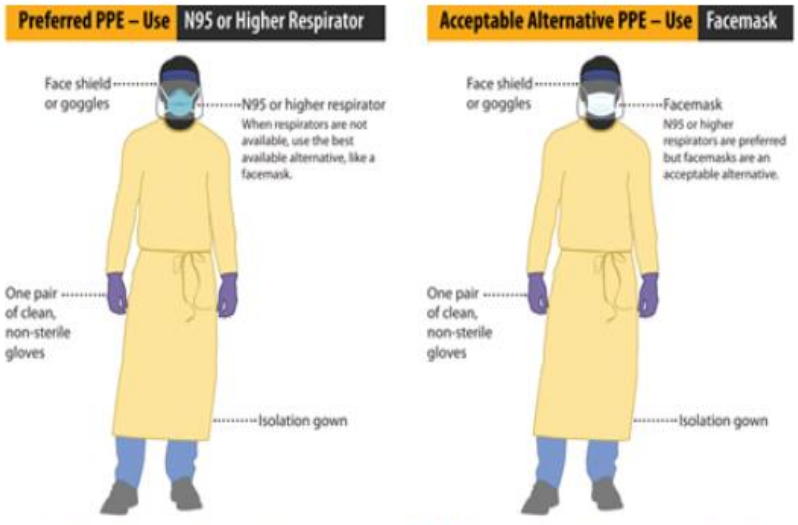
OT has been an essential service throughout the global pandemic. In some cases, the delivery of services has been changed from in-person therapy to teletherapy. This is more common in the pediatric setting, but it is also appropriate for adults in some cases (i.e., outpatient adult rehab settings such as hand therapy).

OT's working in hospitals, particularly in the intensive care unit (ICU), have been working with COVID-19 patients during the acute phase of illness. COVID-19 frequently leaves patients extremely fatigued and requiring maximum assistance to sit up/sit at the edge of the bed. OT's work with patients who have COVID-19 on continuing to engage in daily occupations, including grooming and hygiene.

2. What are some of the deficits you might observe in a patient after they have recovered from COVID-19?

- Deconditioned-muscle fatigue, weakness.
- Shortness of breath and decreased oxygen saturation-important to monitor their vital signs.
- Brain fog and difficulty concentrating.

3. What PPE do healthcare providers working with COVID-19 patients need to be wearing?



Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

It is important to note that donning/doffing this amount of PPE significantly impacts treatment time. A clinician must be aware of the considerable amount of time required this step takes before beginning a session.

4. Telehealth- what is the impact COVID-19 has had on this service delivery method?

   Telehealth has rapidly increased as a method of delivering OT services during the pandemic. Many hospitals and health care systems are in the process, or have completed the process, of purchasing and implementing telehealth technologies.

5. "Long-haul COVID-19"-What occupations do you think would be most impacted by this condition?

- Long-haul COVID-19 consists of a variety of symptoms, including: fatigue, shortness of breath, joint pain, chest pain, brain fog, muscle pain, and difficulty concentrating.
- Currently estimated that 10% of all people who have had COVID-19 experience long-haul symptoms; it can affect any age range.
- With the number of infections continuing to grow exponentially in the United States and globally, it is highly likely we will end up treating patients with long-haul COVID-19 in the future.
- Long-haul COVID-19 can impact every single occupation and decrease a person's ability to live independently. There is much to be learned still about this condition and the long-term effects it will have.

Appendix C Institute Case Studies

L-CVA

Client is a 72-year-old male who sustained a L-CVA radial non-displaced fx and L hip fx from falling off ladder and seeks OT services for both injuries. Client has THP, WBAT, and L UE is NWB. Client is widowed and lives alone in a one-story home with 2 steps to enter. Home environment has a walk-in shower and bathtub shower. Client is concerned that he, "won't be able to take care of myself at home". PMH is OA -B- knees and ankylosing spondylitis. Client values independence and he enjoys volunteering at local hospitals. The client wishes to maintain independence and ability to complete volunteer work.

SCI

Client is a 30-year-old female who sustained a T1 spinal cord injury when she fell while horseback riding. She spent a week in the hospital and was transferred to an inpatient rehab 3 days ago. The client has normal functioning in her arms and hands and paralysis of her chest, trunk, and legs. The client worked as a 5th grade teacher prior to the accident and wishes to return to work. The client has been married for three years, and has expressed her desire to have children in the next several years. The client's husband works from home as an insurance agent. They have a one-story home, which includes 2 bedrooms and 2 bathrooms. There are no stairs to enter the home. Both bathrooms have a bathtub shower you must step into. The client's parents live nearby and are both retired and in good health, and have expressed their willingness to help in any way they can.

Dementia (Alzheimer's)

Client is an 88-year-old female with moderate dementia due to Alzheimer's disease. The client was initially diagnosed with a mild cognitive impairment (MCI) due to Alzheimer's disease 3 years ago, and her symptoms have progressed over the last several years. Due to the progression in symptoms and increased difficulty living independently, the client moved into a memory care unit of an assisted living facility. Her sons became concerned that she was not managing well enough with the assistance of a home health aide, and needed more close supervision and daily assistance with tasks such as grooming and toileting. The client has experienced significant changes in her personality, and she believed her home health aide was stealing from her and became extremely agitated. She was also forgetting to put away food after preparing a meal and to put out her trash on the correct day of the week. The client likes to reminisce about her time as a flight attendant and the countries she traveled to when she was younger. The client used to enjoy swimming laps and playing tennis with friends, but became increasingly isolated as her symptoms progressed; due to lack of physical activity, her muscles have weakened and she tends to want to spend most of her day in bed. The client expressed interest in joining a chair yoga class in the memory care unit to one of the staff, but has not attended yet.

Appendix C Hand & Upper Extremity PowerPoint

Common Conditions of the Hand and Upper Extremity

Melanie Mariani

Mallet Finger

- Condition that involves drooping of the DIP joint; lacks full extension.
  - Causes: Blow to the DIP joint; commonly occurs in athletes when their fingertip strikes an opponent's helmet or is hit by a ball.
  - Management: Orthosis to hold the DIP joint in full extension for 6 weeks; this allows for healing of the damaged extensor tendon (Solomon, 2014).

Cubital Tunnel Syndrome

- Condition that occurs when the ulnar nerve becomes entrapped, compressed, or irritated at the elbow.
  - Cause: Repetitive activities that involve flexing the elbow, direct blow to the elbow, any condition that causes swelling near the elbow joint.
  - Management: Bracing or splinting, nerve glides, ergonomic adjustments; in extreme cases, cubital tunnel release surgery.

Making Hand Therapy Occupation-Based

- It is easy to get stuck in a purely biomechanical approach in hand therapy, particularly if you have to work within a small clinic space and have limited tools available.
- Incorporating occupations into therapy sessions isn't just best practice, but is also typically more enjoyable for the client.
  - Example: To work on range of motion and dexterity, you could have the client pot seeds in a plant, play a game of cards with you, make a craft for their wife/husband/grandchildren instead of having them do non-purposeful activities such as pinching pieces of theraputty or opening and closing clothespins.
  - Resource for occupation-based treatment approaches in hand therapy: https://www.healthyhandsclub.com/

Appendix C Sexual Health & Occupational Therapy PowerPoint

Promoting Safe, Comfortable Sex for Individuals Living with Varying Disabilities and Conditions

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Potential Impacts of Disability on Sexual Activity

"Everything that affects us physically and emotionally affects us sexually"

Female:

- Reduced estrogen and testosterone
- Less blood flow to the genitals
- Decreased lubrication and vaginal thinning
- Decreased sensitivity
- Slower arousal
- Decreased sexual desire
- Incontinence

Male:

- Reduced testosterone
- Difficulty achieving or maintaining erection
- Less blood flow to the penis
- Decreased sensitivity
- Less intense organsms
- Decreased sexual desire

(Price, 2014)

Sexual Recommendations

- Emphasize intimacy - try other ways of being intimate such as cuddling, kissing, caressing, masterbation/mutual masterbation to express attraction
- Communicate (with your partner & health professionals).
- Have sex before a meal, not after (increases blood flow to the genitals rather than digestion).
- Use lubricant:
  - Water-based
  - Silicone-based
  - Petroleum-based
  - Food oils
- Try new positions!

Price, 2014

How to Talk to Clients About Sexual Health and Activity

- As an OT, you may be approaching a client about sexual activity who is much older than you, and you may feel uncomfortable initially.
- Standardizing the process of discussing sexual activity can make it less uncomfortable for you and your client.
- An example of a way this can be discussed and brought into the general discussion during evaluation: "In this next section, I have some questions for you regarding sexual health and sexual activity. These are questions we ask all clients, but if they make you uncomfortable and you do not want to discuss this topic, please let me know. I am here to discuss any questions or concerns you have".

Appendix C Roundtable Discussion

Roundtable Discussion

1/26/21

Goal of Problem Statement?

- They lead you into intervention planning, in creating goals and treatment ideas
- Documentation should focus on those factors that can be addressed through OT intervention
- Gateley (Ch. 5):

"It is important to note that the client's diagnosis is not the problem. The contributing factors may be the result of the diagnosis, but it is our responsibility to identify those specific factors that contribute to functional limitation."

Consistent themes within worksheets

- Inserting the DX into problem statement
  - Instead, use symptoms or manifestations of the DX
- Use of non-functional terms
- Consistent usage of broad words, "attention, sequencing". Elaborate
  - How could you breakdown inattention or difficulties with sequencing?

Recommendations for future

- Application of skills gained from contextual analysis
- Concision, specificity, and diligence
- Increase use of OTPF terms (Process section)
- Creativity is ok

Roundtable Discussion

2/11/21
Melanie Mariani & Daniel Pereira

COAST Goals

Jennifer is a 48 year-old stay at home mom. She is struggling to complete household chores due to muscle weakness and fatigue following a stroke. She is also having a hard time remembering to take the daily medications her physician prescribed. She is receiving home health therapy. She wants to be able to cook meals for her family again, and she wants to be able to clean the house; her husband works full-time, and has been completing all household tasks that Jennifer used to do.

Write a COAST goal for Jennifer

A few quick things....

- Gateley worksheets 6-1, 6-2, 6-3
  - Most notable corrections were about writing goals with more specificity and measurability
  - Which of the following is more likely to be approved by insurance?
    - Client will complete IADLs with min assist in 2 weeks.
    - Client will prepare a 3-step recipe with SBA in the clinic kitchen in 2 weeks.
  - Try to avoid overly wordy goals
  - Instead of:
    - Client will demonstrate the ability to complete UB dressing task (I) while seated EOB before he is d/c.
  - Try:
    - Client will complete UB dressing task (I) while seated EOB by time of d/c.

Potential Goals

- Jennifer will prepare a 3-step meal with 2 or less rest breaks while seated at the kitchen counter in 2 weeks.
- Jennifer will independently load 50% of the dishes into the dishwasher following a family meal while standing at the kitchen sink with no complaints of fatigue in 4 weeks.
- Jennifer will take all medications as prescribed by her physician with the use of a daily medication organizer and 2 or less verbal cues in 2 weeks.

Appendix D Practical Case Studies

1. Patient is a 70 y/o female s/p R -CVA. She is currently max assist for all transfers, and is only able to use her L UE/LE for min stabilizing assist. She is demonstrating impaired problem-solving abilities and impulsive behaviors, including trying to get out of bed on her own and initiating mobility and ADL tasks prematurely. She requires support when sitting EOB as she tends to fall to the left in a diagonal angle. It is difficult for her to visually recorrect her positioning secondary to her L-hemianopsia.

2. Patient is a 74 y/o male s/p L-CVA. He is currently mod assist for all transfers, and experiencing minimal tone in his R elbow flexors; the rest of his R UE is flaccid. He has a 1 finger R shoulder subluxation. He is experiencing global aphasia and perceptual deficits.

3. Patient is a 32 y/o female who is s/p T6 SCI-complete. She is currently able to transfer using a slide board with min assist. She is experiencing a neurogenic bowel and bladder, is catheterized, and was showing signs of autonomic dysreflexia earlier in the week during a therapy session.

4. Patient is a 50 y/o male who is s/p TBI who requires mod A for transfers. He currently is a RLA Level V (confused, inappropriate, non-agitated). He is oriented to person and self, but not place or time. He can respond to simple commands. He reaches for items and others inappropriately.

5. Patient is a 44 y/o female who is s/p multi-traumatic injury due to MVA. She fractured her R femur and is currently NWB. Thus, she requires moderate assist for transfers as a result of WB status and pain levels. Her right arm is casted due to a fractured radial head. She is experiencing significant pain when her pain medication runs out, rating her pain a 4/10 with the medication and an 8/10 without it.

6. Patient is an 80 y/o male s/p emergency triple bypass cardiac surgery who is still recovering from a recent anterior approach hip surgery (occurred 12 days before his emergency cardiac surgery) and requires mod A for transfers. The patient is experiencing considerable pain and having trouble remembering to follow hip and sternal precautions.

Appendix D Multi-Station Lab Activities

Station	Case Study	**Student Instruction** Overall goal is to provide treatment; some options include assisting with dressing and/or bed mobility	**Instructor Role** (Advise students when they have 2 minutes remaining)	**Station Materials**
(1) Hospital Bed	Vincent **Goal:** assist with dressing and/or bed mobility	Station 1: Hospital Bed Client: You are Vincent. Demonstrate a client recovering from MVA. SXs include: • NWB at R-LE • Abdominal Pain • Confusion • Poor problem solving • Mod A for UE dressing, eating, grooming • Total A for LE dressing and toileting FW Simulation for Vincent: • MVA • NWB at R-LE • Abdominal Pain • Confusion • Poor problem solving • Mod A for UE dressing, eating, grooming • Total A for LE dressing and toileting Complete ≥ 1 treatments	Students expectations • Introduction: confirm patient name, identifying info, orientation , activity purpose • Safety: body mechanics, bed alarm • Bed: raising/lowering, managing bed rails and "lines" • Using clear "first, then" directions • UE dressing: correctly by assisting in all phases except the final step. Then complete again with assisting in all phases except the final two steps, and so on. The hemi-dressing technique can also be used If the students have time left, they should work on dressing	Student: bring their own clothes (button down shirt) and gait belt Station: "lines" or something to provide that sensation Sanitation: fresh sheet, Wipes, etc.
(2) Kitchen	DeAndre **Goal:** complete IADL activity with environmental modifications	Client: You are DeAndre. Demonstrate a client recovering from TBI with incomplete SCI at L4-L6. Wear your LV simulator #1 (?) and use a RW. SXs include: • RS visual neglect • Poor attention • Poor visual perception • Poor problem solving • Poor standing tolerance OT: Work with DeAndre on putting away groceries while maintaining safety. Simulation for DeAndre: • TBI with incomplete SCI at L4-L6 • Uses a RW • RS visual neglect • Poor attention • Poor visual perception • Poor problem solving • Poor standing tolerance Complete ≥ 1 treatments	Student expectations (groceries) • Introduction (activity purpose) • Safety • Maintain position in RW • Adaptations (providing a chair, proper placement of groceries (easier), list to locate objects, promoting scanning). Student expectations (dishes) • Safety • Encourage scanning outside of FOV • Placing visual cues or anchors • Writing out instruction • Giving first, then instruction If the students have time left, have them work with him on washing dishes.	Student: gait belt, LV simulator glasses #1 Station: cans, boxes, gallons, etc....RW, pen/paper (anchor & labeling cabinets), tape, soap, sponge, dishes Sanitation: wipes, etc.

(3) Bedroom	Lia **Goal:** Hoyer lift instructions with dressing, time permitting	Client: You are Lia. Demonstrate a client recovering from SCI at T1. Use a w/c. SXs include: • No motor/sensation in chest, trunk, and LE • ≥ 4 for UE MMT • Difficulty knowing the steps to get in the w/c • You're goal is complete (I) (mod I) OT: Get Lia into Hoyer lift-you do not need to actually operate it, just get her set up. Simulation for Lia: • SCI at T1. Uses a w/c • No motor/sensation in chest, trunk, and LE • ~4 for UE MMT • Difficulty sequencing getting into w/c • Min A for dressing and bathing • Set her up in the Hoyer lift Complete ≥ 1 treatment	Student expectations • Introduction (activity purpose) • Safety: locking w/c, using Hoyer correctly, alignment of w/c to bed, body mechanics • SCI SXs (AD, measuring BP) • Instruction: using the AE and detailed instruction Student should have all equipment ready to be used when they initiate the activity If students have time left, work on dressing with adaptive equipment.	Student: bring their own clothes (pants), gait belt (?) Station: w/c, Hoyer lift, straps, reacher, blood pressure cuff (?) Sanitation: fresh sheet, Wipes, etc.
(4) Bathroom	Linda **Goal:** complete a grooming or bathing activity	Client: You are Linda. Demonstrate a client recovering from RCVA. Use a RW. SXs include: • RCVA. Uses RW • LS weakness • L-UE weakness • RH dominant • LS visual neglect • Inattention • Mod A for bathing, eating, LE dressing • Min A for UE dressing • Setup for grooming and feeding OT: Grooming activity→ wash her face with a damp cloth, brush teeth, brush hair standing at sink. FW Simulation for Linda: • RCVA. Uses RW • LS weakness • L-UE weakness • LS visual neglect • Inattention • Mod A for bathing, eating • Setup for grooming and feeding • Min A for UE and LE Complete ≥ 1 treatments	Student expectations • Introduction (activity purpose) • Safety • Body mechanics during transfer • Maintain position in RW • Adapting activity for fatigue (chair/toilet seat) • Using visual anchors • Giving VCs to promote visual navigation of environment • Adapting grooming (trunk flxn) • Clear first, then instruction Student should be mindful of safety and position of walker. Have all supplies ready before initiating activity with client→ i.e., if they choose to have client wash her face with damp cloth at the sink, student should have cloth ahead of time because it is a safety risk to leave client at the sink to go get the cloth. Mindful of body mechanics during transfer.	Student: gait belt, comb/brush? Station: RW, face cloth, pen/paper, tape (for anchor), comb/brush, loofah/washcloth? Sanitation: Wipes, etc.

(5) H/L Table	Sebastian **Goal:** complete a LE dressing activity, bathing, transfer, or toileting activity	Client: You are Sebastian. Demonstrate a client recovering from LCVA. SXs include: • RS visual neglect • Aphasia • Hypertonicity at RS • RH dominant • Mod A for LE dressing and bathing • Mod-Max A for bed mobility OT: FW Simulation for Sebastian: • LCVA • RS visual neglect • Aphasia • RS Hypertonicity • Mod A LE dressing • Mod A for bed mobility • Mod A for bathing Complete ≥ 1 treatments	Student expectations • Introduction (activity purpose) • Safety • Body mechanics during transfer • First, then instruction • Adaptive dressing • Hemi-dressing technique -Students-consider receptive aphasia → must make sure the client knows you are about to do the transfer so they are expecting it How to teach/demo adaptive dressing equipment for a patient w aphasia Work on dressing if time permits.	Student: LV device, gait belt, pants Station: HL table, bedside commode, sock aid, reacher, Sanitation: Wipes for mat, bedside commode, adaptive dressing equipment
(6) Hospital bed	Kaamil **Goal**: Assist with dressing and/or standing tolerance	Client: You are Kaamil. Demonstrate a client recovering from a depressed skull FX with subarachnoid hemorrhage secondary from MVA. SXs include • Raise UE just past 135° • Reach only to knees • Poor safety awareness • Min assist for gait • Poor memory and problem solving • Poor RUE and RH strength • Doesn't understand dressing sequencing OT: FW Simulation for Kaamil: • Subarachnoid hemorrhage from MVA • Weak R-UE and RH • Poor UE ROM • Poor ability to reach LE • Requires mod cueing for safety and sequencing Complete ≥ 1 treatments	• Introduction: confirm patient name, identifying info, orientation, activity purpose • Safety: body mechanics, bed alarm • Bed: raising/lowering, managing bed rails and "lines" • Using clear "first, then" directions • UE dressing: correctly by assisting in all phases except the final step. Then complete again with assisting in all phases except the final two steps, and so on. The hemi-dressing technique can also be used If the students have time left, they should work on dressing	Student: bring their own clothes (button down shirt and/or pants) and gait belt Station: "lines" or something to provide that sensation, RW (or nearby?) Sanitation: fresh sheet? Wipes, etc.