



WACO, TEXAS

**COURSE SYLLABUS
AND
INSTRUCTOR PLAN**

**PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY
OTHA 2231**

Kristy Stead, COTA

NOTE: This is a 16-week course.

COVID 19 Notice:

McLennan Community College is committed to providing you with every resource you need to reach your academic goals. We are also concerned for your safety. We are working through COVID-19 guidelines to make sure we offer a safe environment for you and our faculty. This will include smaller class sizes to manage social distancing and proper cleaning techniques. You will have the advantage of a physical classroom experience but may also need to work part of the time online as we adjust to limited classroom capacity. This will also allow us the flexibility to move online if so directed by federal, state and/or local COVID 19 guidelines. Faculty and staff are preparing now to ensure that you have the best experience in the midst of these uncertain times.

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

Course Description:

Physical function to promote occupational performance. Includes frames of reference, evaluative tools, intervention strategies, and consumer education.

Course Credit: 2 Semester Hours
Clock Hours: 2 lec hrs/wk; 32 lec hrs/semester
3 lab hrs/wk; 48 lab hrs/semester

Prerequisites and/or Corequisites:

Admission to the Occupational Therapy Assistant Program. Concurrent enrollment in OTHA 1319 Therapeutic Interventions I and OTHA 1162 Clinical II required.

Course Notes and Instructor Recommendations:

Course meeting days and times:

Lecture: MW 1:30-2:30 pm

Lab: MW 2:45-4:15 pm

Instructor Information:

Instructor Name: Kristy Stead, COTA

MCC E-mail: kstead@mclennan.edu (response will be within 2-3 business days)

Office Phone Number: 254-299-8525 (response to messages left will be within 2-3 business days)

Office Location: CSC C113

Office/Teacher Conference Hours: T and TH 9:00 a.m. to 12:00 p.m.

Additional Hours by Appointment

Other Instructor Information: If you need to ensure personal contact during office hours, be sure to schedule an appointment to avoid conflicts with other student meetings, professional meetings, or clinical visits.

Required Text & Materials:

Title: Adult Physical Conditions – Intervention Strategies for Occupational Therapy Assistants.

Author: Mahle, A. and Ward, A.

Edition: 1st edition

Copyright Year: 2019

Publisher: F.A. Davis

ISBN-13: 978-0-8036-5918-6

Title: Occupational Therapy with Elders: Strategies for the COTA

Author: Lohman, H., Byers-Connon, S., and Padilla, R.

Edition: 4th edition

Copyright Year: 2019

Publisher: Elsevier - Mosby

ISBN: 978-0-323-49846-3

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

Title: Occupational Therapy Practice Framework: Domain and Process

Author: AOTA

Edition: 3rd edition

Copyright Year: 2014

Publisher: AOTA

MCC Bookstore Website: <http://www.mclennan.edu/bookstore/>

Student Support/Resources:

MCC provides a variety of services to support student success in the classroom and in your academic pursuits to include counseling, tutors, technology help desk, advising, financial aid, etc. A listing of these and the many other services available to our students is available at <http://www.mclennan.edu/campus-resource-guide/>

College personnel recognize that food, housing, and transportation are essential for student success. If you are having trouble securing these resources, we encourage you to contact a success coach by calling (254) 299-8226. Students can visit the Completion Center Monday-Friday from 8:00 a.m.-5:00 p.m. to meet with a success coach and receive additional resources and support to help reach academic and personal goals. Paulanne's Pantry (MCC's food pantry) is open 12:00 p.m.-1:00 p.m., Monday-Friday, without an appointment. The Completion Center and pantry are located on the Second Floor of the Student Services Center (SSC).

Minimum Technical Skills:

Students should have basic computer skills, knowledge of word processing software, and a basic understanding of how to use search engines and common web browsers.

Backup Plan for Technology:

In the event MCC's technology systems are down, you will be contacted/notified through your MCC student email address. Please note that all assignments and activities will be due on the date specified in the Instructor Plan, unless otherwise noted by the instructor.

* [Click Here for the Minimum System Requirements to Utilize MCC's D2L|Brightspace](http://www.mclennan.edu/center-for-teaching-and-learning/teaching-commons/requirements)
(www.mclennan.edu/center-for-teaching-and-learning/teaching-commons/requirements)

Click on the link above for information on the minimum system requirements needed to reliably access your courses in MCC's D2L|Brightspace learning management system.

Relation to Overall Curricular Design:

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

This course is taken in semester four of the program concurrently with Therapeutic Interventions I. ***Crossing the lifespan*** is specifically addressed as the application of therapeutic interventions is covered for physical disabilities of all age ranges. ***Occupational therapy practice*** is specifically addressed as the student learns to plan treatment interventions for multiple conditions that will be encountered in practice. ***Workplace skills/professional development/lifelong learning*** is specifically addressed as the student is provided with opportunities for teaching/learning, communication, and as generic professional abilities are addressed including providing and receiving feedback. ***Adaptation*** is specifically addressed as the student continues to learn to apply therapeutic interventions as a means for engagement in occupations.

Methods of Teaching and Learning:

The material will be presented in a flipped classroom format with hands on performance of specific techniques in the laboratory following the demonstration. Group learning and discovery learning will also be utilized (i.e., groups will be assigned to learn about, and then teach, certain components of the course followed by instructor feedback and input). Other educational methods will include discussion groups, group projects, lab exercises, lab skills check-off's, student presentations and written reports. Evidence-based practice will be facilitated using literature searches and application. Guest lecturers and audiovisual materials may be incorporated to enhance student learning.

Student learning outcomes will be measured by course participation, written exam (basic knowledge/comprehension and higher level/critical thinking), check-off's (technical and psychomotor skills), skills practicals (technical and psychomotor skills, and higher level/critical thinking skills), and student presentations (basic knowledge and professional communication).

Course Objectives and/or Competencies:

Student Learning Outcomes/Competencies:

1. Describe the basic features of the theories that underlie the practice of occupational therapy.
2. Demonstrate ability to administer selected assessments using appropriate procedures and protocols, including standardized formats.
3. Demonstrate ability to prioritize models of practice when developing occupation based treatment plans.
4. Select and implement intervention strategies and assess client factors that influence occupational performance.
5. Utilize problem-solving skills in the selection and use of preparatory, purposeful and occupation centered interventions to meet clients' needs in occupational therapy.
6. Demonstrate assessment and intervention skills required of an entry level OTA in the final semester of academic coursework which may include, but are not limited to, goniometry, manual muscle testing, grip and pinch measurement, instruction of patient/client in preparatory, purposeful, and occupation centered interventions such as exercise, energy conservation, joint protection, ADL performance, movement facilitation, tone facilitation and inhibition, performing ADA compliance checks, and environmental adaptations.

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

7. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
8. 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.
9. 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.

Course Objectives:

1.	B.1.2.	Explain the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations (e.g., principles of psychology, sociology, and abnormal psychology).	Early Chapters 24 -36 Case Studies
2.	B.1.3.	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an understanding of the epidemiological factors that impact the public health and welfare of populations.	Early Chapters 24 -36 Case Studies
3.	B.2.1.	Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Early Chapters 24 -36 Case Studies
4.	B.3.2.	Demonstrate knowledge of and apply-the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors.	Early Chapter 3 Case Studies
5.	B.3.3.	Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.	Case Studies
6.	B.3.4.	Demonstrate knowledge of scientific evidence as it relates to the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations.	Early Chapter 13
7.	B.3.5.	Demonstrate knowledge of the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance.	Early Chapter 1 Case Studies
8.	B.3.6.	Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to implement the intervention plan.	Early Chapter 1 Case Studies
9.	B.3.7.	Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory	Early Chapter 1 Case Studies

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

		status, and temperature) to ensure that the client is stable for intervention.	
10.	B.4.1.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Early Chapters 24 -36 Case Studies Lab Practicals
11.	B.4.2.	Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills.	Early Chapters 24 -36 Case Studies Lab Practicals
12.	B.4.3.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.	Early Chapters 24 -36 Case Studies Lab Practicals
13.	B.4.4.	Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and nonstandardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies. Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies. Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.	Early Chapters 24 -36 Case Studies Lab Practicals
14.	B.4.6.	Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes.	Early Chapters 24 -36 Case Studies; Lab Practicals
15.	B.4.9.	Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.	Case Studies
16.	B.4.10.	Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.	Early Chapters 24 -36 Case Studies Lab Practicals
17.	B.4.12.	Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation. Train in the safe and effective use of prosthetic devices.	Early Chapters 24 -36 Case Studies Lab Practicals
18.	B.4.13.	Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Early Chapters 24 -36 Case Studies Lab Practicals
19.	B.4.15.	Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> • Electronic documentation systems • Virtual environments 	Early Chapters 24 -36 Case Studies Lab Practicals

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

		<ul style="list-style-type: none"> • Telehealth technology 	
20.	B.4.16.	Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.	Early Chapters 24 -36 Case Studies Lab Practicals
21.	B.4.17.	Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Early Chapters 24 -36 Case Studies Lab Practicals
22.	B.4.18.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Early Chapters 24 -36 Case Studies Lab Practicals
23.	B.4.19.	Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.	Early Chapters 24 -36 Case Studies Lab Practicals
24.	B.4.22.	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.	Early Chapters 24 -36 Case Studies Lab Practicals
25.	B.4.23.	Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness.	Early Chapters 24 -36 Case Studies Lab Practicals
26.	B.4.24.	Demonstrate effective intraprofessional OT/OTA collaboration to explain the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process.	Early Chapters 24 -36 Case Studies Lab Practicals
27.	B.4.25.	Demonstrate awareness of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.	Early Chapters 24 -36 Case Studies Lab Practicals
28.	B.4.26.	Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies.2231	Early Chapters 24 -36 Case Studies Lab Practicals
29.	B.4.27.	Identify and communicate to the occupational therapist the need to design community and primary care programs to support occupational performance for persons, groups, and populations.	Early Chapters 24 -36 Case Studies Lab Practicals
30.	B.4.28.	Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.	Early Chapters 24 -36 Case Studies Lab Practicals

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

31.	B.4.29.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.	Early Chapters 24 -36 Case Studies Lab Practicals
32.	B.6.1.	<ul style="list-style-type: none">• Locate and demonstrate understanding of professional literature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist.• Explain how scholarly activities and literature contribute to the development of the profession.	Early Chapters 24 -36 Case Studies Lab Practicals
33.	B.6.3.	Demonstrate the skills to understand a scholarly report.	Early Chapters 24 -36 Case Studies Lab Practicals
34.	B.7.1.	Demonstrate knowledge of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.	Early Chapters 24 -36 Case Studies Lab Practicals

Course Outline & Schedule:

COURSE OUTLINE: Order will vary to accommodate schedule

- I. Models of Practice
 - A. Models of Practice
 1. Client-Centered
 - a. Canadian Model of Occupational Performance (CMOP)
 - b. Person-Environment-Occupation-Performance (PEOP; Christianson and Baum)
 2. Model of Human Occupation (MOHO; Kielhofner) – Systems Model
 - a. Volition/Motivation
 - 1) Personal Causation
 - 2) Values
 - 3) Interests
 - b. Habituation
 - 1) Habits
 - 2) Internalized Roles
 - c. Performance Capacity
 - d. Concepts for Intervention
 - 1) Client change is the focus of therapy
 - 2) Only clients can accomplish their own change
 - 3) For doing to be therapeutic, it must involve an actual occupational form, not a contrived activity
 - 4) For the client to achieve change through doing, what is done must be relevant and meaningful to the client

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

5) Change in therapy involves simultaneous and interacting alteration in the person, the environment, and the relationship of the person to the environment

6) The role of the therapist is to support and thereby enable clients to do what they need in order to change

3. Occupational Adaptation (Schkade and Schultz)
4. Occupational Science (Yerxa)

II. Practice Approaches

- A. Biomechanical Approach
 1. Evaluate specific physical limitations in ROM, strength, and endurance
 2. Restore these functions
 3. Prevent or Reduce deformity
- B. Sensorimotor and Motor Learning Approaches
- C. Rehabilitation Approach

III. Treatment Continuum

- A. Adjunctive Methods
- B. Enabling Activities
- C. Purposeful Activity
- D. Occupational Performance and Occupational Roles

IV. Evidence-Based Practice

V. Disability Experience

- A. Context:
 1. The Model of Human Occupation
 2. Developmental Stages
- B. Psychological and Social Consequences
- C. Adjustment
 1. Reactions and Coping Mechanisms
 - a. Anxiety
 - b. Depression
 - c. Denial
 - d. Repression
 - e. Projection
 - f. Displacement
 - g. Sublimation
 - h. Aggression
 - i. Dependency
 - j. Regression
 - k. Rationalization
 - l. Compensation
 - m. Fantasy
 - n. Passing
 2. Body Image
 3. Stages
 - a. Shock

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

- b. Expectancy of Recovery or Denial
 - c. Mourning or Depression
 - d. Defensive
 - 1) Healthy
 - 2) Pathologic
 - e. Adaptation or Adjustment
 - 4. Psychological and Social Considerations in Treatment
 - a. Interpersonal Approaches
 - 1) Attitudes
 - 2) Therapeutic Modes/Engagement with Patients
 - a) Advocating
 - b) Collaborating
 - c) Empathizing
 - d) Encouraging
 - e) Instructing
 - f) Problem Solving
 - b. Group Approaches
 - D. Advocacy
- VI. Infection Control and Safety Issues
 - A. The Joint Commission National Patient Safety Goals
 - B. Infection Control
 - C. Incidents and Emergencies
 - 1. Falls
 - 2. Burns
 - 3. Bleeding
 - 4. Shock
 - 5. Seizures
 - 6. Insulin-Related Illnesses
 - 7. Choking and Cardiac Arrest
 - D. Preventive Positioning
 - E. Special Equipment and Devices
 - 1. Beds
 - 2. Ventilators
 - 3. Monitors
 - 4. Feeding Devices
 - 5. Urinary Catheters
- VII. Clinical Applications: Domain and Process - Putting It All Together
 - A. Arthritic Diseases
 - 1. Understanding the occupational profile
 - 2. Understanding the analysis of occupational performance
 - 3. Intervention planning
 - 4. Intervention implementation
 - 5. Intervention review
 - 6. Assess outcome
 - 7. Termination of services

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

- 8. Case management/care coordination
 - 9. Documentation
- B. Hip Fractures
 - 1. Understanding the occupational profile
 - 2. Understanding the analysis of occupational performance
 - 3. Intervention planning
 - 4. Intervention implementation
 - 5. Intervention review
 - 6. Assess outcome
 - 7. Termination of services
 - 8. Case management/care coordination
 - 9. Documentation
- C. Joint Replacements
 - 1. Understanding the occupational profile
 - 2. Understanding the analysis of occupational performance
 - 3. Intervention planning
 - 4. Intervention implementation
 - 5. Intervention review
 - 6. Assess outcome
 - 7. Termination of services
 - 8. Case management/care coordination
 - 9. Documentation
- D. Amputations
 - 1. Understanding the occupational profile
 - 2. Understanding the analysis of occupational performance
 - 3. Intervention planning
 - 4. Intervention implementation
 - 5. Intervention review
 - 6. Assess outcome
 - 7. Termination of services
 - 8. Case management/care coordination
 - 9. Documentation
- E. Cardiac Dysfunction
 - 1. Understanding the occupational profile
 - 2. Understanding the analysis of occupational performance
 - 3. Intervention planning
 - 4. Intervention implementation
 - 5. Intervention review
 - 6. Assess outcome
 - 7. Termination of services
 - 8. Case management/care coordination
 - 9. Documentation
- F. Respiratory Dysfunction
 - 1. Understanding the occupational profile
 - 2. Understanding the analysis of occupational performance

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

3. Intervention planning
 4. Intervention implementation
 5. Intervention review
 6. Assess outcome
 7. Termination of services
 8. Case management/care coordination
 9. Documentation
- G. Neuropathic and Myogenic Dysfunction
1. Understanding the occupational profile
 2. Understanding the analysis of occupational performance
 3. Intervention planning
 4. Intervention implementation
 5. Intervention review
 6. Assess outcome
 7. Termination of services
 8. Case management/care coordination
 9. Documentation
- H. Spinal Cord Injury
1. Understanding the occupational profile
 2. Understanding the analysis of occupational performance
 3. Intervention planning
 4. Intervention implementation
 5. Intervention review
 6. Assess outcome
 7. Termination of services
 8. Case management/care coordination
 9. Documentation
- I. Cerebrovascular Accident
1. Understanding the occupational profile
 2. Understanding the analysis of occupational performance
 3. Intervention planning
 4. Intervention implementation
 5. Intervention review
 6. Assess outcome
 7. Termination of services
 8. Case management/care coordination
 9. Documentation
- J. Traumatic Brain Injury
1. Understanding the occupational profile
 2. Understanding the analysis of occupational performance
 3. Intervention planning
 4. Intervention implementation
 5. Intervention review
 6. Assess outcome
 7. Termination of services

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

- 8. Case management/care coordination
 - 9. Documentation
- K. Acute Hand Injuries
 - 1. Understanding the occupational profile
 - 2. Understanding the analysis of occupational performance
 - 3. Intervention planning
 - 4. Intervention implementation
 - 5. Intervention review
 - 6. Assess outcome
 - 7. Termination of services
 - 8. Case management/care coordination
 - 9. Documentation
- L. Degenerative Diseases of the Central Nervous System
 - 1. Understanding the occupational profile
 - 2. Understanding the analysis of occupational performance
 - 3. Intervention planning
 - 4. Intervention implementation
 - 5. Intervention review
 - 6. Assess outcome
 - 7. Termination of services
 - 8. Case management/care coordination
 - 9. Documentation
- M. Oncological Diseases
 - 1. Understanding the occupational profile
 - 2. Understanding the analysis of occupational performance
 - 3. Intervention planning
 - 4. Intervention implementation
 - 5. Intervention review
 - 6. Assess outcome
 - 7. Termination of services
 - 8. Case management/care coordination
 - 9. Documentation
- N. Burns
 - 1. Understanding the occupational profile
 - 2. Understanding the analysis of occupational performance
 - 3. Intervention planning
 - 4. Intervention implementation
 - 5. Intervention review
 - 6. Assess outcome
 - 7. Termination of services
 - 8. Case management/care coordination
 - 9. Documentation
- O. HIV Infection and AIDS
 - 1. Understanding the occupational profile
 - 2. Understanding the analysis of occupational performance

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

3. Intervention planning
4. Intervention implementation
5. Intervention review
6. Assess outcome
7. Termination of services
8. Case management/care coordination
9. Documentation

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

Spring 2020 Schedule

Date	Lecture	Lab	Online
Jan 11	Ch. 20- Orthopedic Considerations- Spine, Pelvis, Hip, and Knee	Syllabus review, questions about clinical	
Jan 13		Surgery precautions/ weight-bearing precautions	Jan 16- Ch. 20 DB
Jan 18	MLK Day (Quiz #1 Available)	No Class	
Jan 20	Ch. 21- Arthritic Diseases	Joint protection	Jan 23- Ch. 21 DB
Jan 25	Ch. 22- Comprehensive Hand Management	Tenodesis lab, fine motor task challenge	Jan 24- Quiz #1- Ch. 20 and 21
Jan 27		Edema management; assessments	Jan 30- Ch. 22 DB
Feb 1	Ch .23- Orthopedic Considerations- Shoulder	Shoulder structures; surgical precautions; exercises	Feb. 6 Ch. 23 DB
Feb 3	Test #1- Ch. 20-23		
Feb 8	Ch. 24- Amputations	Desensitization	
Feb 10		Guest Speaker	Feb 13- Ch. 24 DB
Feb 15	Ch. 25- Chronic Diseases	Occupations for those with chronic disease	Feb 20- Ch. 25 DB
Feb 17		ADL energy conservation	Feb 21- Quiz #2- Ch. 24 and 25
Feb 22	Ch. 26- Cardiopulmonary	Breathing activity	
Feb 24		Sternal precautions; vital sign checks	Feb 27- Ch. 26 DB

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

Mar 1	Ch. 27, 28, 29- Bariatric Factors, Burns, Oncological (online assignments)	Test #2 Ch. 24-29	Mar. 1- Ch. 27 due Mar. 5- Ch. 28 due Mar 6- Ch. 27,28,29 DB
Mar 3	Lab Practical- Midterm		Mar. 7- Ch 29 due
Mar 8-14	Spring Break	No Class	
Mar 15	Ch. 30, 31- HIV (online assignment), Motor Unit	ADL adaptations	Mar 16- Ch. 30 due
Mar 17		Case study activity	Mar 20- Ch. 30 and 31 DB
Mar 22	Ch. 32-CNS		
Mar 24		Leisure activity	Mar 27- Ch 32 DB Mar 28- Quiz #3- Ch. 30-32
Mar 29	Ch. 33- CVA	Group Project Ch 33	
Mar 31		Group Project Ch 33	
April 5	Ch. 34- TBI	Group Project Ch 34	Apr 3- Ch. 33 DB
April 7	Test #3- Ch. 30-34	Group Project Ch 34	Apr 10- Ch. 34 DB
April 12	Ch. 35- SCI	Group Project Ch 35	
April 14		Group Project Ch 35	Apr 17- Ch 35 DB
April 19	Ch. 36- Polytrauma		
April 21		SIM lab	Apr 24- Ch. 36 DB
April 26	Ch. 37- Pediatric Adult	Dual diagnosis treatment	Apr 25- Quiz #4- Ch. 35 and 36
April 28	Lab Practical- Final		Apr 30- Project Due
May 5	Test #4- Final		May 1- Ch. 37 DB

Red- Campus Closed

Green- Tests/Practical

Yellow- Group Project

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

Schedule is subject to change and students will be notified on D2L/Brightspace as well as in class.

Course Grading Information:

Written Exams	300 (100 points each)
Final Written Exam	100
Lab Midterm	100
Group Project	200
Lab Final	200
Quizzes	240 (60 points each)
Project	100
Discussion Board	360 (20 points each)
Online Chapter Assignments	400 (100 points each)
<hr/>	
Total	2000

The following percentage system for letter grade assignment will be utilized for reporting grades: A=1800-2000 points; B=1600-1799 points; C=1500-1699; D=1300-1499; F=below 1299.

A student must receive a "C" or above for successful completion of an OTA course or science course. Any student receiving a "D" or "F" must withdraw from the OTA program, but may reapply for admission the following year following failure of only one OTA course if there are no documented counseling's due to professional behavior issues (including such items as attendance, generic professional abilities, etc.). Refer to the student handbook.

Grade Requirements: A student must have a combined average of 75% on all written exams **and** a minimum of 75% on **each** skills practical in order to receive a passing grade for this course.

- Any student scoring below 75% on a skills practical will be required to re-take that skills practical.
- A maximum of one skills practical across all OTHA courses in a given semester may be repeated one time (one re-take) during the semester for a maximum grade of 75%. (Failure of two skills practicals across all OTHA courses in a given semester will result in the student not being able to progress in the program. Refer to the Student Handbook for details.)
- If a student fails a skills practical, policy requires two faculty graders for the re-take of the skills practical. If a student fails a re-take, it will result in failure of the course. Failure of the course will result in dismissal from the program.
- Students who have failed a skills practical are required to complete their re-take **PRIOR** to the next scheduled practical. Failure to do so will be considered a failure of the re-take.
- It is the **STUDENT'S** responsibility to coordinate scheduling of the re-take by meeting with the primary instructor, corresponding among all program instructors for options to request a second grader, and ensuring that the re-take is scheduled in advance of the next skills practical to prevent interference of future performance. Faculty have busy and conflicting schedules. If a student waits until too close to the upcoming skills practical, he/she runs the risk of being unable to get the required two-grader re-take scheduled which will result in failure of the re-take.

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

- It is the **STUDENT's** responsibility to select another student to be his/her patient for the re-take (due to FERPA laws) and ensure that the selected student is available at the scheduled time of the re-take.

TESTING PROCEDURES

All student personal belongings are to be placed under the student's chair during written exams. No questions will be answered during the exam. Once the exam begins, students will not be allowed to leave the classroom.

When utilizing scantrons, it is the student's responsibility to ensure name, student ID number, and all answers have been marked onto the scantron. Questions answered on the exam but not transferred to the scantron will not be graded. It is the student's responsibility to ensure all questions have been answered on the scantron and that the scantron is completed clearly and precisely within the allotted space. If student fails to comply with this procedure, the grade will be assigned as it was scored on the scantron. No corrections will be made to the scantron by the instructor after it has been electronically scored.

There will be **no** make-up exams for written exams or skills practicals except with permission from the instructor for excused absences only (i.e., death in family, illness with note from MD, acts of God, etc). *Minor illnesses do not constitute excused absences.* When make-up exams are granted, they will be scheduled at the instructor's convenience. Absence or tardiness for a make-up exam will result in a grade of "zero". In general, work "re-do's" will not be allowed. If, at the discretion of the instructor, a re-do is permitted, a maximum grade of 75% will be given.

PREPARATION FOR LAB:

All students must be prepared for lab sessions at all times, and appropriate lab clothing must be worn. Students who do not have appropriate lab clothing will be required to wear a hospital gown or other attire provided by the instructor, or that student will not be allowed to participate in lab. Jewelry that may be worn during lab (although it may need to be removed for certain skills/procedures) includes wedding bands/rings, watch, small chain necklace, or small stud earrings (no more than two each ear) worn in the ear. All other jewelry must be removed prior to lab, including nose and tongue studs. Fingernails must be trimmed short and modestly. Good personal hygiene is an expectation both in lab as well as clinical affiliation.

LAB SKILLS ASSESSMENTS & SKILLS PRACTICALS:

Proof of completion of lab skills assessments, or check offs, of the skills to be tested will be required prior to taking the skills practical. A student must demonstrate proficiency and competency (**safe, effective, reasonable time**) on each skill. Students may not attempt to check off on a skill with the instructor until they have been "checked off" by a fellow student. All skills covered in lab prior to the skills practical must be checked off prior to the lab practical. Otherwise,

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

it will count as a failure and the student will be required to repeat that skills practical for a maximum grade of 75. Only one skills practical can be retaken per semester with the maximum grade of 75. *See grade requirements above.*

CRITICAL SAFETY SKILLS:

Demonstrating mastery of specific *critical safety skills* is necessary in order to pass each skills practical. Competency with *critical safety skills* indicates that a student carries out intervention per the plan of care in a manner that minimizes risks to the patient, self, and others. Failure to demonstrate mastery of any one of these critical safety skills will require the student to re-take the skills practical for a maximum grade of 75. *These skills will be specified on the grade sheet for each skills practical.*

Discussion Session: Everyone will be expected to exhibit respectful and attentive behavior during each individual student and team presentation, as well as expected to participate in the question/answer session. Any students exhibiting disruptive or disrespectful behavior will be asked to leave and counted absent for that day. Further disciplinary action will be at the discretion of the instructor.

Late Work, Attendance, and Make Up Work Policies:

ATTENDANCE:

Attendance is essential for attainment of course objectives and skills competencies. A student who is not present at the scheduled start time of class is considered tardy (this includes start of day as well as return from breaks and return from lunch). A student who misses more than 50% of a class period, whether it is due to late arrival or early departure, will be counted as absent. *Three (3) tardies will constitute one absence.* At the instructor's discretion, the door may be locked at the beginning of class with the late student being denied entry.

- Two (2) absences: verbal warning
- Three (3) absences: written warning
- Four (4) absences or one no call/no show: program probation
- Five (5) absences or two no call/no show's: *withdrawal from program*

Additionally, the third absence, and each additional absence, will result in a reduction of the final course grade by two points.

Students must notify the instructor in advance via e-mail or phone message whenever tardiness or absence is unavoidable. *Failure to notify the instructor will result in program probation.*

Make-up work may be required for absences in order to ensure that students acquire information and skills presented during their absence

Students should not schedule travel events during any class day from the first day of the semester to the last day of finals per the college calendar. Students who plan travel and miss course content or exams will receive a grade of 0 unless *prior* written approval is given by the faculty for an excused reason (i.e., death in the family, approved professional conference, etc.). It is the *student's* responsibility to attain the information that is missed due to his/her absence.

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

STUDENT RESPONSIBILITIES:

It is the responsibility of the student to come to class having read the assigned material and ready to participate in discussion and activities. This will provide a more positive learning experience for the student. It is also the responsibility of the student to turn in assignments on time.

Assignments are due at the beginning of the class day or as stated in each assignment in D2L. Late assignments will not be accepted unless it is due to a documented excused absence (i.e., death in family, illness with note from MD, acts of God, etc). *Minor illnesses do not constitute excused absences.*

The following are not acceptable forms of assignments:

- assignments in other than "Word" or pdf format
- hard copy of assignments that were to be uploaded
- illegible assignments
- emailed assignments that were to be uploaded
- jpg. or other digital formatting
- assignments sent through text message
- handwritten assignments unless specified as such by the instructor (must be in blue or black ink)
- assignments with unprofessional presentation including being incomplete
- assignments with extensive grammatical errors will not be graded and will receive a "zero"
- assignments that use identifying information of a subject/supervisor/facility (must use initials only) will receive a "zero".

In-class assignments, including but not limited to quizzes, presentations, and lab activities, missed due to an absence, late arrival, or leaving class early will be awarded an automatic "zero" and cannot be made up. Arriving to class after the morning quiz or exam has started will result in an automatic grade of "zero".

Student Behavioral Expectations or Conduct Policy:

Generic Abilities & Professional Behaviors:

Students are expected to maintain a professional classroom decorum that includes respect for other students and the instructor, prompt and regular attendance, and an attitude that seeks to take full advantage of the educational opportunity. Likewise, all communications with the instructor are to be professional (**e-mails that are discourteous, use improper grammar, and/or simulate a text message will not be responded to**).

Students in the Occupational Therapy Assistant program have willingly applied for, and entered into, a professional degree program. Implicit in professional degree programs is the need to develop the student's professional behaviors as well as minimum basic entry level competencies. The tool utilized in the OTA Program is the Generic Abilities assessment tool. Students will be evaluated on a continual basis throughout the program in classroom, lab activities, clinical

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

activities, and interaction between fellow students, faculty, and instructors. If a student is found to be lacking in any area of the generic abilities, the student will be called in by the faculty member who will fill out the form and review any deficiencies.

The faculty member, and if deemed necessary the program director, will then discuss with the student a plan of action to assist the student in development in the areas that have been deemed deficient. Any student who persists with the same deficiencies with no improvement in professional behavior over 3 different episodes may be dismissed from the program based upon lack of progress in professional behavior. It will also be at the faculty member's discretion to take 2 points from the student's final grade for each documented episode related to unprofessional behavior.

Concerns regarding academic and/or clinical advising or instruction should be first addressed to the Faculty Member in question within five (5) working days from the time of occurrence. If the student feels that a problem has not been resolved, then the student should present the issue to the Program Director. If no resolution is reached at this level, in accordance with the McLennan Student Grievance Procedure, the student may discuss the issue with the Dean of Health Professions. If resolution is still not reached, then the Vice President of Instruction is contacted. A formal grievance may be initiated by submitting a request in writing to the President of the College to have the issue considered by a formal grievance committee. This procedure is outlined in the Highlander Guide, available at www.mclennan.edu.

Attachment #10 Generic Abilities

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at the University of Wisconsin at Madison in 1991-1992. The ten abilities and definitions developed are:

	<i>Generic Ability</i>	<i>Definition</i>
1	Commitment to learning	The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
2	Interpersonal skills	The ability to interact effectively with patient, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
3	Communication skills	The ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes.
4	Effective use of time and resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
5	Use of constructive feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6	Problem-solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
7	Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

8	Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
9	Critical thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
10	Stress management	The ability to identify sources of stress and to develop effective coping behaviors.

May W, Morgan BJ, Lemke J, Karst G, Stone H. Model for ability based assessment in physical therapy educate; *Journal of Physical Therapy Education* 1995;91:3-6.

Technology Devices:

Personal Computer/Electronics Use: Computer use is expected throughout the Program. The MCC library has computer availability for after class hours if necessary. Access to library search engines is required and will be a part of the student's required class participation.

Students are not to use laptop computers, smart phones, iwatches/smart watches, or other electronic devices in the classroom unless prompted by the instructor. These devices are to remain stored in the student's backpack during class.

Students are not to post any classroom materials on any internet or social media site without the express written consent of the faculty.

A student who has an unauthorized electronic device activated during an examination period will not be permitted to continue the examination, will be asked to leave the classroom, and will be denied the opportunity to complete or re-take the examination. Due to the circumstance, the instructor may question the validity of any portion of the examination completed prior to the violation and may elect not to grade the examination. In such a situation, the student will not receive credit for the examination and will not be permitted to make up the missed examination.

Video & Tape Recordings: Students may only tape record or video class activities and instructors with permission of the instructor and in no circumstance are allowed to post recordings on any internet site or social network site. The recording may only be utilized by the individual. Students who do not remain in compliance with this policy will be written up, put on probation, or potentially dismissed from the program based upon the extent to which the policy has been disregarded.

Beepers, cellular telephones, text, and personal telephone calls. Students are NOT to receive or place telephone calls/beeper calls/texts during class. Beepers, smart watches, and cellular telephones are to be turned off or set to vibrate before entering the classroom and stored in backpack during class. Messages may be left with the Health Professions executive secretary at 299-8568. Messages for a student during an emergency will be delivered immediately. At the discretion of the instructor, students may be asked to leave cell phones and electronic devices in a box during class.

Additional Items:

✓ **Verbal, non-verbal, and written communications** are to be polite and respectful at all times

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

- ✓ **Food** is not allowed in class
- ✓ **Children** are not allowed in class
- ✓ **Sleeping** is not allowed in class
- ✓ **Drinks** with screw-on lids are permitted if the student leaves the lid in place
- ✓ **Smoking, vaping, using tobacco**, using simulated tobacco or similar products are not allowed in class
- ✓ **Alcohol and drugs are not allowed** in the classroom and students should not attend class under the influence of them nor with the smell of any of them

Any of the above will result in being asked to leave the classroom and receiving an absence for the day at a minimum but could result in being written up, put on probation, or potentially dismissed from the program based upon the extent to which the policy has been disregarded.

* [Click Here for the MCC Academic Integrity Statement](#)

(www.mclennan.edu/academic-integrity)

The link above will provide you with information about academic integrity, dishonesty, and cheating.

The Center for Academic Integrity defines academic integrity as “a commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect, and responsibility. From these values flow principles of behavior that enable academic communities to translate ideals into action.” Individual faculty members determine their class policies and behavioral expectations for students. Students who commit violations of academic integrity should expect serious consequences. For further information about student rights, responsibilities, and academic integrity definitions, please consult the *General Conduct Policy* in the [Highlander Guide](#).

Students are expected to refrain from academic dishonesty. This includes any conduct aimed at misrepresentation with respect to a student’s academic performance. Examples of academic dishonesty include: cheating or collaborating on written exams; possession, at any time, of current or previous test materials without the instructor’s written permission; plagiarism; collaborating with others if contrary to stated guidelines for assignment or skill; providing students who have not completed skills practicals with information related to the exam; and intentionally assisting another student in any dishonest action. Violations of this policy will be brought to the attention of the student by the instructor. If there is suspicion of wrongdoing without corroborating evidence, the matter will be discussed with the student, and a verbal warning will be issued if warranted. If there is clear evidence that a violation has taken place, the instructor may impose a sanction ranging from a written warning to expulsion from the course with a failing grade.

* [Click Here for the MCC Attendance/Absences Policy](#)

(www.mclennan.edu/highlander-guide/policies)

Click on the link above for the college policies on attendance and absences. Your instructor may have guidelines specific to this course.

Accommodations/ADA Statement

PHYSICAL FUNCTION IN OCCUPATIONAL THERAPY

OTHA 2231 – Spring 2021

Any student who is a qualified individual with a disability may request reasonable accommodations to assist with providing equal access to educational opportunities. Students should contact the Accommodations Coordinator as soon as possible to provide documentation and make necessary arrangements. Once that process is completed, appropriate verification will be provided to the student and instructor. Please note that instructors are not required to provide classroom accommodations to students until appropriate verification has been provided by the Accommodations Coordinator. Instructors should not provide accommodations unless approved by the Accommodations Coordinator. For additional information, please visit mclennan.edu/disability.

Students with questions or who require assistance with disabilities involving physical, classroom, or testing accommodations should contact:

disabilities@mclennan.edu

254-299-8122

Room 319, Student Services Center

* [Click Here for more information about Title IX](#)

(www.mclennan.edu/titleix)

We care about your safety, and value an environment where students and instructors can successfully teach and learn together. If you or someone you know experiences unwelcomed behavior, we are here to help. Individuals who would like to report an incident of sexual misconduct are encouraged to immediately contact the Title IX Coordinator at titleix@mclennan.edu or by calling Dr. Drew Canham (Vice President for Student Success) at 299-8645. Individuals also may contact the MCC Police Department at 299-8911 or the MCC Student Counseling Center at MCC by calling 299-8210. The MCC Student Counseling Center is a confidential resource for students.

McLennan's Title IX webpage (<http://www.mclennan.edu/titleix/>) contains more information about definitions, reporting, confidentiality, resources, and what to do if you or someone you know is a victim of sexual misconduct, gender-based violence or the crimes of rape, acquaintance rape, sexual assault, sexual harassment, stalking, dating violence or domestic violence.

* *You will need to access each link separately through your Web browser (for example: Internet Explorer, Mozilla, Chrome, or Safari) to print each link's information.*

McLennan

C O M M U N I T Y

COLLEGE

ACADEMIC RESOURCES/POLICIES

Student Support/Resources:

MCC provides a variety of services to support student success in the classroom and in your academic pursuits to include counseling, tutors, technology help desk, advising, financial aid, etc. A listing of these and the many other services available to our students is available at <http://www.mclennan.edu/campus-resource-guide/>

College personnel recognize that food, housing, and transportation are essential for student success. If you are having trouble securing these resources or want to explore strategies for balancing life and school, we encourage you to contact a success coach by calling (254) 299-8226. Students can visit the Completion Center Monday-Friday from 8 a.m.-5 p.m. to schedule a meeting with a success coach and receive additional resources and support to help reach academic and personal goals. Paulanne's Pantry (MCC's food pantry) provides free food by appointment to students, faculty and staff based on household size. Text (254) 870-7573 to schedule a pantry appointment. The Completion Center and pantry are located on the Second Floor of the Student Services Center (SSC).

MCC Foundation Emergency Grant Fund:

Unanticipated expenses, such as car repairs, medical bills, housing, or job loss can affect us all. Should an unexpected expense arise, the MCC Foundation has an emergency grant fund that may be able to assist you. Please go to <https://www.mclennan.edu/foundation/scholarships-and-resources/emergencygrant.html> to find out more about the emergency grant. The application can be found at https://www.mclennan.edu/foundation/docs/Emergency_Grant_Application.pdf.

Minimum Technical Skills:

Students should have basic computer skills, knowledge of word processing software, and a basic understanding of how to use search engines and common web browsers.

Backup Plan for Technology:

In the event MCC's technology systems are down, you will be contacted/notified through your MCC student email address. Please note that all assignments and activities will be due on the date specified in the Instructor Plan, unless otherwise noted by the instructor.

* [Click Here for the Minimum System Requirements to Utilize MCC's D2L|Brightspace](https://www.mclennan.edu/center-for-teaching-and-learning/Faculty%20and%20Staff%20Commons/requirements.html)
(<https://www.mclennan.edu/center-for-teaching-and-learning/Faculty%20and%20Staff%20Commons/requirements.html>)

Click on the link above for information on the minimum system requirements needed to reliably access your courses in MCC's D2L|Brightspace learning management system.

Email Policy:

McLennan Community College would like to remind you of the policy (<http://www.mclennan.edu/employees/policy-manual/docs/E-XXXI-B.pdf>) regarding college email. All students, faculty, and staff are encouraged to use their McLennan email addresses when conducting college business.

A student's McLennan email address is the preferred email address that college employees should use for official college information or business. Students are expected to read and, if needed, respond in a timely manner to college emails.

Instructional Uses of Email:

Faculty members can determine classroom use of email or electronic communications. Faculty should expect and encourage students to check the college email on a regular basis. Faculty should inform students in the course syllabus if another communication method is to be used and of any special or unusual expectations for electronic communications.

If a faculty member prefers not to communicate by email with her/his students, it should be reflected in the course syllabus and information should be provided for the preferred form of communication.

Email on Mobile Devices:

The College recommends that you set up your mobile device to receive McLennan emails.

Forwarding Emails:

You may forward the emails that come to your McLennan address to alternate email addresses; however, the College will not be held responsible for emails forwarded to an alternate address that may become lost or placed in junk or spam filters.

Accommodations/ADA Statement

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titleix@mclennan.edu or by calling Dr. Drew Canham (Chief of Staff for Equity & Inclusion/Title IX) at 299-8645. Individuals also may contact the MCC Police Department at 299-8911 or the MCC Student Counseling Center at MCC by calling 299-8210. The MCC Student Counseling Center is a confidential resource for students. Any student or employee may report sexual harassment anonymously by visiting the following website: <http://www.lighthouse-services.com/mclennan/>.

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