

McLennan

C O M M U N I T Y

COLLEGE

WACO, TEXAS

COURSE SYLLABUS
AND
INSTRUCTOR PLAN

OCCUPATIONAL PERFORMANCE FOR ELDERES
OTHA 1253

Laura Shade, OTR
Kristy Stead, COTA

NOTE: This is an 11-week course.
NOTE: This is a Blended/Hybrid course.

COVID 19 Notice:

McLennan Community College is committed to providing you with every resource you need to reach your academic goals including your safety. We will continue to monitor the evolving situation with COVID 19 and adjust our safety guidelines to make sure we offer a safe environment for you and our faculty. Please make sure to consult your faculty and the MCC website on any changes to these guidelines.

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Course Description:

Occupational performance of elders. Includes frames of reference, evaluation tools and techniques, and intervention strategies.

Course Credit: 2 Semester Hours

Clock Hours: 1 lec hrs/wk; 16 lec hrs/semester
2 lab hrs/wk; 32 lab hrs/semester

Prerequisites and/or Corequisites:

Admission to the Occupational Therapy Assistant Program. Concurrent enrollment in OTHA 2235 Healthcare Management required.

Course Notes and Instructor Recommendations:

Course meeting days and times:

Lecture: MW 8:45-9:35

Lab: MW 9:45-12:30

Instructor Information:

Instructor Name: Laura Shade

MCC Email: lshade@mcclennan.edu

Office Phone Number: 254-299-8154

Office Location: CSC 116

Office/Teacher Conference Hours: M and W 1:00-3:00

Additional Hours by Appointment

Instructor Name: Kristy Stead

MCC Email: kstead@mcclennan.edu

Office Phone Number: 254-299-8525

Office Location: CSC 113

Office/Teacher Conference Hours: W 10:00-3:00

Additional Hours by Appointment

Other Instruction 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.

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Required Text & Materials:

Title: Occupational Therapy with Elders: Strategies for the COTA

Author: Padilla, Byers-Connon, and Lohman

Edition: 3rd edition

Copyright Year: 2012

Publisher: Elsevier

ISBN: 978-0-323-06505-4

Title: Occupational Therapy Practice Framework: Domain and Process (*Provided to the Student*)

Author: AOTA

Edition: 3rd edition

Copyright Year: 2014

Publisher: AOTA

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

Methods of Teaching and Learning:

The material will be presented in lecture/demonstration format with hands on performance of specific techniques in the laboratory following the lecture. 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, student presentations and written reports. Guest lecturers and audiovisual materials may be incorporated to enhance student learning.

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

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Course Objectives and/or Competencies:

Course Student Learning Outcomes

1. Discuss concepts of aging including trends, theories, processes, psychological aspects and regulation of public policy.
2. Describe mental and physical disease processes and conditions that are commonly seen in the practice of occupational therapy with aging adult clients.
3. Describe occupational therapy intervention with elders.
4. Describe the use of compensatory strategies as an intervention for adaptation to age-related disabilities.
5. Demonstrate ability to provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility.
6. Determine the effect of local and national demographics on the possible provision of occupational therapy services currently and projecting for the OTA's career plan.
7. Discuss the importance of families in providing care for elders.
8. Describe the role of occupational therapy in a variety of settings which provide services to the elderly.
9. Explain programs and care options common to elder populations in the service area.
10. Identify population health strategies for the elderly as evidenced by group activity.
11. Actively demonstrate professional/teamwork behaviors during group and simulation activities as evidenced by the generic abilities and peer assessment tools.
12. Collaborate with appropriate members of the treatment team prior, during, and following simulated client interaction.
13. Incorporate ethics and value considerations when interacting with peers and simulated client/significant others.

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Course Objectives

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.	<ul style="list-style-type: none">• Ch.'s 1, 13-18• Active Learning Exercises
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.	<ul style="list-style-type: none">• Ch.'s 19-25
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.	<ul style="list-style-type: none">• Ch.'s 13-25• Active Learning Exercises
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 status, and temperature) to ensure that the client is stable for intervention.	<ul style="list-style-type: none">• Ch.'s 13-25• Active Learning Exercises• Aging in Place Assignment
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.	<ul style="list-style-type: none">• Ch.'s 1, 10-11, 13-25• Active Learning Exercises• Aging in Place Assignment
B.4.2.	Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills.	<ul style="list-style-type: none">• Ch.'s 13-25• Active Learning Exercises• Aging in Place Assignment
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.	<ul style="list-style-type: none">• Ch.'s 5, 19-25• Active Learning Exercises
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.	<ul style="list-style-type: none">• Ch.'s 19-25• Screens, Questionnaires, & Assessments in Units 5-9• Active Learning Exercises• Aging in Place Assignment
B.4.6.	Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes.	<ul style="list-style-type: none">• Screens, Questionnaires, & Assessments in Units 5-9• Aging in Place Assignment
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.	<ul style="list-style-type: none">• Ch.'s 5, 13-16, 19-25• Active Learning Exercises• Aging in Place Assignment

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B.4.10.	Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations.	<ul style="list-style-type: none"> • Ch. 13-25 • Active Learning Exercises • Aging in Place Assignment
B.4.11.	Explain the need for and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.	<ul style="list-style-type: none"> • Ch's 13-25 • Active Learning Exercises
B.4.14.	Provide training in techniques to enhance community mobility, and address transportation transitions, including driver rehabilitation and community access.	<ul style="list-style-type: none"> • Ch. 14 • Active Learning Exercises
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 • Telehealth technology 	<ul style="list-style-type: none"> • Ch.'s 6 & 8
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.	<ul style="list-style-type: none"> • Ch. 18 • Active Learning Exercises
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.	<ul style="list-style-type: none"> • Ch's 13-25 • Active Learning Exercises • Aging in Place Assignment
B.4.19.	Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.	<ul style="list-style-type: none"> • Ch's 13-25 • Active Learning Exercises • Community Resources, Aging in Place, and Marketing Assignments
B.4.20.	Understand and articulate care coordination, case management, and transition services in traditional and emerging practice environments.	<ul style="list-style-type: none"> • Ch.'s 8, 13-25 • Active Learning Exercises
B.4.21.	Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches: <ul style="list-style-type: none"> • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. 	<ul style="list-style-type: none"> • Ch's 11, 19-25 • Active Learning Exercises • Community Resources, Aging in Place, & Marketing Assignments
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.	<ul style="list-style-type: none"> • Ch.'s 19-25 • Active Learning Exercises

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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.	<ul style="list-style-type: none"> Ch.'s 13-17, 19-25 Active Learning Exercises Aging in Place Assignment
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.	<ul style="list-style-type: none"> Ch.'s 8, 13-25 Active Learning Exercises
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.	<ul style="list-style-type: none"> Ch.'s 5, 6, 8, 13-25 Active Learning Exercises
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.	<ul style="list-style-type: none"> Ch.'s 14-25 Active Learning Exercises Community Resources & Aging in Place Assignments
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.	<ul style="list-style-type: none"> Ch.'s 19-25 Active Learning Exercises
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	<ul style="list-style-type: none"> Ch. 6
B.5.6.	Identify the need and demonstrate the ability to participate in the development, marketing, and management of service delivery options.	<ul style="list-style-type: none"> Ch.'s 5 & 8 Marketing Assignment
B.6.3.	Demonstrate the skills to understand a scholarly report.	<ul style="list-style-type: none"> Telehealth with Elders: Scholarly Articles – Ch. 8
B.7.1.	Demonstrate knowledge of the American Occupational Therapy Association (AOTA) Occupational Therapy Code of Ethics and AOTA Standards of Practice 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.	<ul style="list-style-type: none"> Ch. 10 Active Learning Exercises
B.7.3.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.	<ul style="list-style-type: none"> Ch. 6 Community Resources, Marketing, and Aging in Place Assignments

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Course Outline & Schedule:

Outline

- I. Aging Concepts and Trends - Chapter 1
 - a. Health, Illness, and Well-Being
 - i. Chronic Illness
 - ii. Societal Trends and Chronic Conditions
 - b. The Stages of Aging
 - i. Young Old
 - ii. Mid Old
 - iii. Old Old
 - c. Demographical Data and the Growth of the Aged Population
 - i. The Aging of the Aged Population
 - ii. The Oldest of the Old: The Centenarians
 - iii. Living Arrangements
 - iv. Economic Demographics
 - v. Additional Trends and the Influence of Aging Trends on OT Practice
 - vi. Implications for OT Practice
 - d. Intergenerational Concepts and Generational Cohorts
 - e. Ageism, Myths, and Stereotypes About the Aged
- II. Biological and Social Theories of Aging - Chapter 2
 - a. Biological Theories of Aging
 - i. Programmed Aging Theory
 - ii. Telomere Shortening (End-Underreplication) Theory
 - iii. Mutation Theory
 - iv. Free Radical/Oxidative Stress Theory
 - v. Neuroendocrine Theory
 - vi. Wear and Tear Theory
 - b. Psychosocial Theories of Aging
 - i. Disengagement Theory
 - 1. Socioemotional Selective Theory
 - ii. Activity Theory
 - iii. Continuity Theory
 - iv. Life Span and Life Course Perspectives
 - 1. Life Space Perspective
 - 2. Life Course Perspective
- III. Psychological Aspects of Aging – Chapter 4
 - a. Myths and Facts About Aging (1-7)
 - b. Stressors, Losses, and Emotions Associated with Aging
 - c. Need for Social Support
 - d. Physical Illness
 - e. Learned Helplessness
- IV. Working With Elders Who Have Psychiatric Conditions – Chapter 21
 - a. Assessment

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- b. Common Mental Health Disorders
 - i. Anxiety
 - ii. Suicide
 - iii. Dementia
 - iv. Alcoholism
 - v. Aging with Psychosis
 - vi. Mood Disorders
 - 1. Intervention planning considerations
 - V. The Aging Process – Chapter 3
 - a. Aging
 - i. Successful, Primary, and Secondary Aging
 - b. Aging Changes
 - c. Integumentary System
 - d. Neuromusculoskeletal System
 - e. Skeletal System
 - f. Cardiopulmonary System
 - g. Immune System
 - h. Cognition
 - i. Sensory System
 - i. Olfactory and Gustatory Systems
 - ii. Somatosensory and Kinesthetic Systems
 - VI. The Regulation of Public Policy for Elders
 - a. Health Care Trends in the United States
 - i. Public Regulated Sources
 - 1. Medicare
 - b. General Guidelines for OT Payment and Intervention
 - c. Skilled and Unskilled Therapy
 - d. Medicare administrative Contractures
 - e. Working with Medicare and Related Regulations in Different Payment Systems
 - f. Working in Skilled Nursing Facilities
 - g. Minimum Data Set (MDS)
 - h. The Prospective Payment System in Skilled Nursing Facilities
 - i. Patient Driven Payment Model
 - i. Medicare Coverage for Home Health
 - i. Outcome and Assessment Information Set (OASIS)
 - ii. Patient Grouping Payment Model
 - j. Medicare in Inpatient Rehabilitation Facilities
 - i. Inpatient Rehabilitation Facility – Patient Assessment Instrument (IRF-PAI)
 - ii. Case Mixed Groups (CMG's)
 - k. Medicare Regulations and COTA Practice
 - l. Medicaid
 - m. Managed Care
 - n. Older Americans Act
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- o. Trends with Federal Health Care Policies
 - p. Advocacy for Elders
 - q. Keeping Up with the Changes
- VII. Ethical Aspects in the Work with Elders – Chapter 10
 - a. An Overview: Ethics and Elder Care
 - b. Awareness: What is Going?
 - c. Reflection: What Do I think Should Happen?
 - d. Support: With Whom Do I Need to Talk?
 - e. Action: What Will I DO?
- VIII. Working with Families and Caregivers of Elders – Chapter 11
 - a. Roles for COTA's
 - b. Role Changes in the Family
 - i. Caregiver Stresses
 - ii. Family Resources
 - c. Recognizing Signs and Reporting Elder Abuse or Neglect
- IX. Aging Well: Health Promotion and Disease Prevention – Chapter 5
 - a. Concepts of Health Promotion and Wellness in OT Practice
 - i. Health Risks and Their Effects on Occupational Engagement and Participation
 - ii. Nutrition and Overweight or Underweight Elders
 - b. Prevention and Health Promotion Among Elders
 - i. Primary Prevention
 - ii. Secondary Prevention
 - iii. Tertiary Prevention
 - c. Role of the COTA in Wellness and Health Promotion
 - i. Health Literacy
 - ii. Use of Health management Approach with Chronic Conditions
- X. Opportunities for Best Practice in Various Settings – Chapter 8
 - a. OT Practitioners: A Collaborative Partnership
 - b. OT Practice Framework
 - c. Domain of OT
 - d. Process of OT: Evaluation, Intervention, and Outcome
 - e. COTA/OTR Competencies with Evaluation, Intervention, and Outcome Process
 - f. Issues Related to COTA Practice
 - g. COTA Working with Elders in Various Settings
 - i. Geropsychiatric Unit
 - ii. Inpatient Rehabilitation
 - iii. Adult Foster Home
 - iv. Skilled Nursing Facility
 - v. Assisted Living Facility
 - vi. Home Health Agency
 - vii. Free Standing Hospice
 - viii. Adult Day Care
 - ix. Community Wellness

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- x. Telehealth and Virtual Environments
 - XI. Use of Medications by Elders – Chapter 13
 - a. Factors Affecting Medication Risk in Elders
 - b. Polypharmacy
 - c. Physiology and the Aging Process
 - d. Elder Medication Use and Implications For the COTA
 - e. Strategies for Minimizing Medication Problems in Elders
 - f. Application of the OT Process to self-Medication
 - g. Client Factors
 - i. Values, Beliefs, and Spirituality
 - ii. Mental Functions
 - iii. Sensory Functions and Pain
 - iv. Neuromusculoskeletal and Move-Related Functions
 - v. Cardiovascular, Hematological, Immunological, and Respiratory System Function
 - vi. Voice and Speech Functions
 - h. Activity Demands
 - i. Performance Skills
 - i. OT Process
 - j. Assistive Aids for Self-medication
 - i. Commercial Aids
 - ii. Homemade Aids
 - k. Self-Medication Program
 - XII. Considerations of Mobility – Chapter 14
 - a. Restraint Reduction – Part 1
 - i. Omnibus budget Reconciliation Act Regulations
 - ii. Establishing a Restraint Reduction Program
 - 1. Philosophy
 - 2. Policy
 - 3. Education
 - 4. Steps for Success
 - 5. Role of the COTA
 - 6. Assessment
 - 7. Consultation
 - iii. Environmental Adaptations
 - iv. Psychosocial Approaches
 - v. Activity Alternatives
 - vi. Interventions
 - b. Wheelchair Seating and Positioning: Considerations for Elders – Part 2
 - c. Fall Prevention – Part 3
 - i. Risk Factors and Causes of Falls
 - 1. Environmental Causes
 - 2. Biological Causes
 - a. Sensory

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- b. Neurological/Musculoskeletal
 - c. Cardiovascular
 - 3. Cognitive/Psychosocial Causes
 - 4. Functional Causes
 - ii. Evaluation
 - iii. Fall Prevention Interventions
 - 1. Multidimensional Fall Risk Assessment and Risk Reduction
 - 2. Exercise-Based Intervention
 - 3. Environmental Assessment and Modifications
 - iv. Institutional Interventions
 - 1. Multifactorial Interventions
 - v. Outcomes
 - d. Community Mobility
 - i. Pedestrian Safety
 - ii. Alternative Transportation
 - iii. Safe Driving
- XIII. Working with Elders Who Have Vision Impairments – Chapter 15
 - a. Psychosocial Effects of Vision Impairment
 - b. Effects of the Normal Aging Process on Vision
 - c. Specific Ocular Pathologies
 - i. Cataracts
 - ii. Macular Degeneration
 - iii. Glaucoma
 - iv. Diabetic Retinopathy
 - d. Visual Dysfunction After Neurological Insult
 - e. Warrant's Hierarchy for Addressing Visual Dysfunction
 - f. Principles of Intervention
 - g. Decreased Acuity
 - h. Visual Field Loss
 - i. Oculomotor Dysfunction
 - j. Reduced Contrast Sensitivity
 - k. Impaired Visual Attention and Scanning
 - l. Higher Level Visual-Perceptual Deficits
 - m. Settings in Which visual Impairments Are Addressed
 - n. Technology for Elders Who Have Vision Impairment
- XIV. Working with Elders Who Have Hearing Impairments
 - a. Hearing Conditions Associated with Aging
 - b. Psychosocial Aspects of Hearing Impairments
 - c. Rehabilitation and the Hearing-Impaired Elder
 - d. Recommendations for Improving Elder Communication
 - i. Communication Tips for Working with the Hearing Impaired
 - e. Providing Assistive Hearing Devices
- XV. Dysphagia and Other Eating and Nutritional Concerns with Elders – Chapter 18
 - a. The Role of the COTA
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- b. Normal Swallow
- c. Etiology of Dysphagia
- d. Intervention Strategies
 - i. Environmental Concerns
 - ii. Positioning techniques
 - iii. Assistive Devices
 - iv. Direct Intervention
 - v. Dietary Concerns
 - vi. Precautions
 - vii. Nursing/Caregiver Instruction
 - viii. Ideas for Managing a Feeding Program
- XVI. Strategies to Maintain Continence in Elders – Chapter 17
 - a. Urinary and Fecal Incontinence
 - i. Prevalence
 - b. Cost
 - c. Anatomy and Physiology
 - d. Etiology
 - e. Types of Urinary Incontinence
 - i. Urge or Urgency Incontinence
 - ii. Stress Urinary Incontinence
 - iii. Overflow Incontinence
 - iv. Mixed Incontinence
 - v. Functional Incontinence and Other Types
 - f. Fecal Incontinence
 - g. Omnibus Budget Reconciliation Act and Related Research
 - h. Interdisciplinary Team Strategies
 - i. Timed Voiding and Habit Training
 - ii. Prompted Voiding
 - iii. Bladder Training
 - iv. Biofeedback
 - v. Pelvic Floor Exercise
 - i. Environmental Adaptations
 - j. Clothing Adaptations and Management
 - k. Adaptations for clients with Functional Incontinence
 - l. Prevention of Skin Erosion
- XVII. Working with Elders Who Have Had Cerebrovascular Accidents (CVA's) – Chapter 19
 - a. CVA's
 - b. OT Evaluation
 - c. OT Intervention
 - i. Motor Deficits
 - 1. Sequential Procedures for Changing From Supine to Sitting on Edge of Bed
 - 2. Sequential Procedures for Transfers

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- ii. Constraint Induced Movement Therapy (CIMT)
 - iii. Other Techniques
 - iv. Visual-Perceptual-Cognitive Deficits
 - v. Emotional Adjustment
- XVIII. Working with Elders Who Have Dementia and Alzheimer's Disease – Chapter 20
 - a. Person-Centered and Occupation-Focused Care for Elders with Alzheimer's Disease (AD)
 - i. Communication: Understanding and Being Understood
 - ii. Behavior and Psychosocial Aspects
 - iii. Intervention
 - 1. Observations, Screenings, and Assessment
 - 2. Intervention Planning
 - 3. Intervention Implementation
 - 4. Activities of Daily Living
 - 5. Using Adapted Equipment
 - 6. Using Activities to Promote Well-Being
 - 7. Communication with and Teaching Caregivers
 - iv. Terminal Stage Issues
 - v. Reimbursement for Services
- XIX. Working with Elders Who Have Orthopedic Conditions – Chapter 22
 - a. Fractures
 - i. Causes
 - ii. Types
 - iii. Medical Intervention
 - iv. Complications
 - v. Factors Influencing Rehabilitation
 - 1. Colles' Fractures
 - 2. Hip Fractures
 - 3. Weightbearing Restrictions for Hip Pinning
 - b. Joint Replacements
 - i. Total Hip Replacements
 - 1. Psychosocial Issues
 - 2. OT Intervention
 - ii. Knee Replacements
 - 1. Rehabilitation
 - c. Arthritis
 - i. Common Problems Associated with Arthritis
 - ii. OT Intervention
 - 1. Maintenance of Joint Mobility and Stability
 - 2. Prevention of Joint Deformity
 - 3. Maintenance of Strength
 - 4. Improvement of Functional Ability
 - 5. Maintenance of Life Balance
 - 6. Modification of Activity

7. Improvements of Psychosocial Well-Being and Coping Mechanisms

- XX. Working with Elders Who Have Cardiovascular Conditions – Chapter 23
 - a. Background Information
 - b. Psychosocial Aspects of Cardiac Dysfunctions
 - c. Evaluation of Elders with Cardiac Conditions
 - d. Interventions, Goals, and Strategies
 - i. Phase I-3
 - e. Energy Conservation, Work Simplification, and Other Education
 - f. Intervention with Elders with Cardiac Conditions in Other Settings
- XXI. Working with Elders Who Have Pulmonary Conditions – Chapter 24
 - a. Chronic Obstructive Pulmonary Disease (COPD)
 - i. Chronic Bronchitis
 - ii. Chronic Pulmonary Emphysema
 - iii. Asthma
 - b. Psychosocial Effect of COPD
 - c. Sexual Functioning
 - d. OT Assessment and Intervention Planning
- XXII. Working with Elders who Have Oncological Conditions
 - a. Overview of Cancer with the Elder Population
 - b. Common Conditions
 - i. Lung Cancer
 - ii. Prostate Cancer
 - iii. Colorectal Cancer
 - c. Cancer Metastasis
 - d. Cancer Treatment and Side Effects
 - e. Psychosocial Aspects of Oncological Conditions/Implications for OT
 - f. OT Intervention
 - i. Evaluation and Intervention Planning
 - ii. Goals and Interventions
 - iii. Special Considerations in Intervention Planning and Implementation
 - iv. Discharge Planning

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Course Schedule

Unit	Date	Lecture	Lab
1	6/2/21	Ch. 1 Aging Trends and Concepts Ch. 2 Biological and Social Theories of Aging	Syllabus and Assignment Review Active Learning Exercises & Case Study
2	6/7/21	Ch. 4 Psychological Aspects of Aging Ch. 21 Psychiatric Conditions	Active Learning Exercises Assessments and Screens, Case Study
	6/9/21	Community Resources Presentations Ch. 3 The Aging Process QUIZ 1 DUE 6/11	Active Learning Exercises, Case Study
3	6/14/21	Ch. 6 The Regulation of Public Policy for Elders	Reimbursement, Billing, & Coding Active Learning Exercises
	6/16/21	Ch. 10 Ethical Aspects in the Work with Elders Ch. 11 Working with Families & Caregivers of Elders	Active Learning Exercises & Case Study
4	6/21/21	EXAM I Ch. 5 Aging Well: Health Promotion & Disease Prevention	Active Learning Exercise & Case Study
	6/23/21	Ch. 8 Opportunities for Best Practice in Various Settings Ch. 13 The Use of Medications by Elders	Telehealth- Scholarly Articles, Hospice, Assistive Aids, & Case Study
5	6/28/21	Ch. 14 Considerations of Mobility	Assessments & Screens, Active Learning Exercises, Stairs/Curbs with Walker & Cane
	6/30/21	Marketing Presentations QUIZ II DUE 7/2	
6	7/5/21	HOLIDAY	
	7/7/21	Ch. 15 Vision Impairments Ch. 16 Hearing Impairments QUIZ III DUE 7/9	Active Learning Exercises, Assistive Technology, Vision and Hearing Questionnaires/Screens
7	7/12/21	Ch. 18 Dysphagia and Nutritional Concerns	Active Learning Exercises, Oral Motor Exercises, Diet Modification, & Assistive Devices
	7/14/20	Exam II Ch. 17 Continence	FIMs and Active Learning Exercises
8	7/19/21	Ch. 19 CVAs	Scales, Assessments, & Screens, Active Learning Exercises, & Case Study
	7/21/21	Ch. 20 Dementia and Alzheimer's Disease QUIZ IV DUE 7/23	Cognitive Scales, Assessments, & Screens Case Study
9	7/26/21	Ch. 22 Orthopedic Conditions	Case Study Joint Protection, Energy Conservation & Work Simplification, Assistive Devices
	7/28/21	Ch. 23 Cardiovascular Conditions Ch. 24 Pulmonary Conditions	Vital Signs, Exertion & Fatigue Scales, Pursed Lip Breathing, Active Learning Exercises and Case Studies
10	8/2/21	Ch. 25 Oncological Conditions	Energy Conservation, Work Simplification, & Joint Protection Case Study
	8/4/21	Aging in Place Presentations QUIZ V DUE 8/6	
11	8/9/21	Aging in Place Presentations	
	8/11/21	FINAL EXAM	

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Course Grading Information:

Assignments (3)

Community Resources	10%
Marketing Assignment	15%
Aging In Place	15%
Exams (2)	30%
Final Exam	20%
Quizzes (5)	10%
	<hr/> 100%

The following percentage system for letter grade assignment will be utilized for reporting grades: A=90-100%; B=80-89.99%; C=75-79.99%; D=65-74.99%; F=below 64.99%.

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.

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.

There will be **no** make-up exams for written exams 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

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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.

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). Three (3) tardies will constitute one absence. Leaving class early will also count as a “tardy”. 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 or absence from 2 lecture/lab hours: verbal warning
- Three (3) absences or absence from 3 lecture/lab hours: written warning
- Four (4) absences or absence from 4 lecture/lab hours or one no call/no show: program probation
- Five (5) absences or absence from 5 lecture hours or two no call/no show’s: *withdrawal from program*

Make-up work may be required for absences in order to ensure that students acquire information and skills presented during their absence. Students must notify the instructor in advance via email or phone message whenever tardiness or absence is unavoidable. Failure to notify the instructor will result in program probation.

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.

In order to be counted as “present”, students must attend class in the classroom. Online participation via Zoom will only be offered for students who are quarantined by MCC due to COVID-19.

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Please self report to MCC (<http://www.mclennan.edu/covid>) if you are experiencing any symptoms of COVID-19 or have been in contact with someone suspected of having COVID-19. In order to determine if you should self-report, refer to the Student Self-Assessment Form under “Important Student Resources” in Brightspace.

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 period. *Late assignments will not be accepted unless it is due to a documented excused absence.* Illegible assignments, handwritten assignments in other than blue or black ink, assignments with unprofessional presentation including being incomplete, and/or 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.

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 form. Students will be evaluated on a continual basis throughout the program in classroom, lab activities, clinical 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.

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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.

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:

<u>1</u>	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.
<u>2</u>	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.
<u>3</u>	Communication skills	The ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes
<u>4</u>	Effective use of time and resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
<u>5</u>	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
<u>6</u>	Problem-solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
<u>7</u>	Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
<u>8</u>	Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.

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2	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

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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
- ✓ **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 Attendance/Absences Policy](https://www.mclennan.edu/highlander-guide/policies.html)

(<https://www.mclennan.edu/highlander-guide/policies.html>)

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

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 or emailing SuccessCoach@mclennan.edu. Students may 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 notified via 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.

Minimum System Requirements to Utilize MCC's D2L|Brightspace:

Go to <https://www.mclennan.edu/center-for-teaching-and-learning/Faculty%20and%20Staff%20Commons/requirements.html> 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 their 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. If you need assistance with set-up, you may email Helpdesk@mclennan.edu for help.

Forwarding Emails:

You may forward 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 be lost or placed in junk or spam filters.

MCC Academic Integrity Statement:

Go to www.mclennan.edu/academic-integrity for information about academic integrity, dishonesty, and cheating.

Accommodations/ADA Statement:

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. For additional information, please visit www.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

Title IX:

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 (Chief of Staff for Diversity, Equity & Inclusion/Title IX) at (254) 299-8645. Individuals also may contact the MCC Police Department at 299-8911 or the MCC Student Counseling Center at MCC at (254) 299-8210. The MCC Student Counseling Center is a confidential resource for students. Any student or employee may report sexual harassment anonymously by visiting <http://www.lighthouse-services.com/mclennan/>.

Go to McLennan's Title IX webpage at www.mclennan.edu/titleix/. It 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.

Disclaimer:

The resources and policies listed above are merely for informational purposes and are subject to change without notice or obligation. The College reserves the right to change policies and other requirements in compliance with State and Federal laws. The provisions of this document do not constitute a contract.