

This is a SouthArk Master Syllabus. The course syllabus distributed by the instructor may include additional requirements, must be followed by the student in the given term, and is considered to supersede the Master Syllabus.

Course Number
OCCU 2203

Course Title
Geriatrics and Occupational Therapy Interventions

Course Description
Occupational therapy intervention with elderly. Study of aging process, diseases and conditions, settings, health and wellness, health literacy, reimbursement, public policy/advocacy, culture, ethics, caregiving, interventions, and assistant roles.

College Mission
South Arkansas Community College promotes excellence in learning, teaching, and service; provides lifelong educational opportunities; and serves as a cultural, intellectual, and economic resource for the community.

College Wide Student Learner Outcomes

Critical Thinking Responsibility Communication

ACTS Course **Program Course** Occupational Therapy Assistant Program

Program Outcomes

- 6.1. Assist the Occupational Therapist, as requested, in data collection (including but not limited to the occupational profile), perform standardized/non-standardized assessments (analysis of occupational performance) according to directions and accurately report all results to the occupational therapist.
- 6.2 Assist the occupational therapist and client plan relevant intervention specific to the needs of the client, or the client group, based on best practice, including evidence based medicine.
- 6.3. Safely and effectively implement the intervention plan as approved by the occupational therapist and agreed upon by the client, change the intervention technique/plan based on the condition of the client, and report to the occupational therapist and document results.
- 6.4 Safely modify self-performance (including therapeutic use of self) according to the client's needs or condition and report to the occupational therapist and document results.
- 6.5 Collaborate with the occupational therapist and client/family/significant other to formulate a successful transition from service and document results.
- 6.6 Complete all duties in an ethical, legal, safe, and professional manner.
- 6.7 Demonstrate the importance of professional development, support professional organizations, and advocate for the future of occupational therapy services.

ACTS Outcomes

NA

Course Learner Outcomes

| CLO # | Course Learner Outcomes (CLO) | Unit Outcomes/Competencies | ACTS | Program Outcomes | Critical Thinking | Communication | Responsibility | Assessment |
|-------|--|----------------------------|------|------------------|-------------------|---------------|----------------|-----------------|
| CLO 1 | Understand occupational therapy observation/data gathering; evaluation; and assessment needs of this population (in regard to diagnoses and client contexts, in order to assist occupational therapist | 1-48 | na | 1,5 | CT 3 | | | Transition Plan |

| | | | | | | | |
|-------|--|--|----|-----|------|-----|-----------------------|
| | with completing evaluation and transition/outcome (OT Process). (intake, manipulation) (choose, classify, recommend) | | | | | | |
| CLO 2 | Be able to select and perform intervention technique principles (safely and effectively with medical and rehabilitation equipment, as needed) and modify performance as necessary, (OT Process – intervention implementation). (intake, manipulation, apply) (determine, judge, develop) | 7, 11-31,33-48 | na | 2-4 | CT 1 | | Intervention Planning |
| CLO 3 | Understand the current healthcare trends/policy, professional organizations, and inter-professional relationships and thus understand the practitioner healthcare responsibilities in relationship to this population (intake, manipulation). (select, choose) | 1-5,9,13, 14,19,20, 24,25, 28-30, 32,33,42, 43-46,48 | na | 6-7 | | C 2 | Organization Review |

Unit Outcomes/ Competencies/Objectives

The student should, at the end of the course OCCU 2203 Geriatrics and Occupational Therapy Interventions:

1. Describe the relationship between aging and illness and between health and wellness and chronic illness. (intake, manipulation) B.1.6, 2.4, 2.5, 2.6, 2.9
2. Know the role of occupational therapy in health promotion and disease prevention. Including how to select intervention and provide training in health management and maintenance; self-management group intervention. (intake, application) B.2.4, 5.2, 5.5, 5.18, 5.22, 5.27
3. Identify the three stages of aging and define their differences. (intake) B.1.1, 1.2, 1.3, 2.6
4. Recognize the concept of “ageism in today’s society and the effect of the views of the American youth culture on aging”. (Intake) B.1.1, 1.2, 1.3, 1.4, 2.6,
5. Generalize implications of demographical data for occupational therapy practice. (intake) B. 1.2, 1.4, 3.4
6. Identify and apply biological and psychosocial theories of aging. (intake, manipulate, application) B.1.1, 1.2, 1.3, 1.4, 3.1, 3.4
7. How to provide intervention for home management skills for various deficits, including but not limited to: the aging process, pulmonary and cardiac problems, orthopedic conditions, and arthritic conditions. (intake, manipulation, application, cross application) B. B.2.2, 2.8, 2.10, 2.11, 5.2, 5.3, 5.5, 5.6, 5.17, 5.23, 5.24
8. Differentiate between primary and secondary changes within the context of the aging process. Consider function and dysfunction. (intake) B.1.1, 1.2, 1.3, 2.6
9. Identify myths and facts concerning aspects of aging. (intake) B.1.2, 1.2, 1.3, 1.4
10. Discuss common life changes elders adapt to and common emotional problems that accompany losses. (intake) B.1.2
11. Identify methods of screening, assessment and intervention used in promoting health among elders. (intake) B. 2.8, 4.1, 5.1, 5.2, 5.5
12. Summarize principles of occupational therapy practice models as they relate to aging. (intake, manipulation, application) B.2.11, 3.2
13. Identify best practice locations and activities (including telehealth [virtual technology] and health literacy) for occupational therapy assistants working with elders. (intake, manipulation) B.1.4, 1.8, 3.2, 5.18, 5.22, 5.27, 6.2, 6.4, 7.2, 9.12
14. Know skills needed to interact and instruct caregivers and professionals (interdisciplinary care) in the care of the elders. (intake) B.2.3, 2.5, 2.9, 5.7, 5.18, 5.19, 5.20, 5.25, 5.28, 6.1
15. Know of the relationship of a client’s culture and his/her participation in occupational therapy. (intake) B.1.2, 1.3, 1.4, 1.5, 2.3, 2.5, 2.9, 5.7, 5.17, 5.18, 5.19, 5.20, 5.23, 6.2, 7.1, 9.12
16. Know teaching strategies for clients, families of and caregivers (medical and non-medical) of elders for occupational therapy intervention. (intake, manipulation) B.2.3, 2.8, 5.7, 5.17, 5.18, 5.19, 5.20, 5.29
17. Discuss the influence of medications in function and know skills needed, and acceptable enhancements, for self-medication. B: 1.1, 1.4, 2.2, 2.6, 2.7, 2.8, 2.10, 4.9, 5.1, 5.2, 5.5, 5.6, 5.8, 5.9, 5.10, 5.17, 5.18, 5.19, 5.20, 5.21, 5.22, 5.23, 5.24, 5.28, 5.29
18. Know occupational therapy practitioner role in: restraint assessment and use (and adaptations for use of least restrictive environment, seating/ positioning (assessment and negative impact) (in and out of wheelchair), bed

- mobility, balance assessment, fall prevention, vestibular rehab, balance retraining exercises, aging in place, community mobility (pedestrian safety, transportation, car transfer, supplement transportation programs, car fit, driving simulation, adaptive equipment). (Intake, Manipulation) B. 1.1, 2.8, 5.1, 4.1, 4.2, 5.2, 5.3, 5.5, 5.6, 5.10, 5.12, 5.13, 5.22, 5.24, 5.28
19. Access relevant community and professional resources for use in practice of occupational therapy with elders. (intake, manipulation) B.4.9, 5.2, 5.5, 5.17, 5.18, 5.21, 5.27, 5.31, 5.29, 6.1, 6.2
 20. Compose practitioner verbal interaction 1) to spouse regarding client and driving ability, and 2) to client about how to complete fall prevention exercise. (apply) B.1.1, 5.13, 5.19, 5.20
 21. Know occupational therapy interventions and concerns regarding incontinence; investigate, assess, and revise/modify sleeping environment for occupational problems affected by incontinence. (intake, manipulation, application) 1.1, 1.6, 2.3, 2.6, 2.10, 4.9, 5.2, 5.3, 5.5, 5.6, 5.22, 5.23, 5.26, 5.27
 22. Describe factors related to CVA in elders and principles of occupational therapy interventions; defend rationale for intervention decision (perceptual activities). (intake, manipulation, application) B.1.1, 1.2, 2.3, 2.6, 2.8, 5.1, 5.3, 5.6, 5.8, 5.19, 5.23, 5.24, 5.6
 23. Practice various sensorimotor and occupational based intervention strategies for those with CVA(intake, manipulation, application, cross application) B.1.1, 2.2, 2.8, 2.10, 3.1, 5.1, 5.3, 5.6, 5.8, 5.19, 5.23, 5.24
 24. Define the role of the occupational therapy assistant within Omnibus Budget Reconciliation Act (OBRA) and the Minimum Data Set (MDS). (intake) B.2.3, 4.1, 4.4, 5.20, 5.30, 7.1, 7.2
 25. Name trends in public policy (such as, but not limited to: reimbursement, legal requirements, government programs) toward the aging population and demonstrate advocating for change with the elderly client. (intake, manipulation) B.4.10, 5.20, 5.32, 6.2, 6.4, 7.1, 7.2, 7.4, 9.3, 9.12
 26. Recognize the importance of sleep preparation in connection to occupational therapy intervention. (intake, manipulation, apply) B.2.2, 2.6, 2.9, 2.10, 5.1, 5.2, 5.5, 5.6, 5.9, 5.17, 5.24, 5.27
 27. Know the role of the occupational therapy assistant in regards to home and community mobility/integration (including public transportation, community access, driver rehabilitation [including virtual technology for driving simulation]). (intake) B.2.9, 5.1, 5.2, 5.5, 5.13, 5.17
 28. Discuss ethical considerations when working with elders, including but not limited to: informed consent. (intake, manipulation) B. 4.5, 4.10, 6.2, 1.5, 7.2, 7.3, 7.7, 9.1, 9.11
 29. Distinguish types of documentation used in occupational therapy practice, construct the billable unit for therapy reimbursement and distinguish the billing time frame for service. (intake, manipulation, application) B. 5.20, 5.32, 6.2, 7.2, 7.4
 30. Identify occupational therapy interventions for orthopedic conditions and practice related screening assessments, occupational based functional mobility interventions, and use of appropriate adaptive equipment. (intake, manipulation, application, cross application) B.1.1, 2.2, 2.6, 2.8, 2.10, 2.11, 4.1, 4.2, 4.4, 5.1, 5.2, 5.3, 5.5, 5.6, 5.12, 5.17, 5.23, 5.24, 5.28
 31. Discuss sexual functions and changes in elders in relationship to the role of the occupational therapy assistant. (Intake, Manipulation) B: 1.1, 1.2, 1.3, 1.6, 2.2, 2.6, 2.7, 2.8, 2.9, 2.10, 4.1, 4.4, 4.5, 4.9, 5.1, 5.2, 5.5, 5.6, 5.7, 5.17, 5.19, 5.20, 5.21, 5.22, 5.25, 5.28, 6.1
 32. Analyze the global and domestic status of tele-health practice. (intake, manipulation) B.1.6, 1.8, 6.2, 6.4, 7.1, 7.2
 33. Be able to recognize various types of Elder Abuse and become familiar with following abuse-reporting procedures. (intake, manipulation) B.1.4, 2.6, 2.9, 4.1, 5.7, 6.2, 7.2, 9.6
 34. Identify occupational therapy interventions and adaptations for elders with low vision or degenerative diseases of the eye and participate in a low vision laboratory experience/visit (including technology). (intake, manipulation, application) B.1.1, 2.2, 2.3, 2.5, 2.6, 2.10, 4.9, 5.1, 5.2, 5.9, 5.17, 5.23, 5.24, 5.25
 35. Identify occupational therapy interventions and adaptations for elders with hearing impairments. (intake, manipulation, application) B: 1.1, 2.2, 2.5, 2.6, 2.9, 2.10, 4.9, 5.1, 5.2, 5.3, 5.5, 5.6, 5.17, 5.22, 5.23, 5.24, 5.25, 5.26, 5.29
 36. Recognize eating (dysphasia) and feeding concerns including but not limited to occupational therapy assistant role with client, compensatory intervention, positioning, client and caregiver instruction, and assistive devices. (intake, manipulation) B.1.2, 2.2, 2.6, 2.8, 2.10, 4.9, 5.1, 5.2, 5.6, 5.8, 5.9, 5.10, 5.14, 5.17, 5.20, 5.23, 5.25, 5.28, 5.29
 37. Identify strategies for occupational therapy intervention with elders with Alzheimer's disease and dementia and psychiatric conditions. (intake, manipulation, application) B: 1.2, 1.3, 1.4, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.10, 2.11, 3.2, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.17, 5.19, 5.20, 5.21, 5.23, 5.24, 5.28, 7.1
 38. Describe the occupational therapy process in regard to elders and orthopedic conditions, cardiac, and pulmonary conditions. (intake, manipulation, application, cross application) B.1.1, 1.3, 2.2, 2.4, 2.6, 2.8, 2.10, 4.1, 4.2, 4.4, 5.1, 5.2, 5.3, 5.5, 5.6, 5.8, 5.19, 5.22, 5.28
 39. Locate and select intervention equipment for clients with mobility problems and with CVA and apply information to other related populations. (intake, manipulation, application, cross application) B.1.1, 2.6, 2.8, 2.10, 5.1, 5.2, 5.5, 5.13, 5.23

40. Complete skilled observation of elder in the community (gather data) and apply occupational therapy clinical reasoning to intervention strategies (written example of sharing data with client). Identify external referral sources for deficits. (intake, manipulation, application) B.1.1, 1.2, 1.3, 4.1, 4.5, 4.9, 4.10, 5.1, 5.22
41. Recognize occupational therapy interventions and concerns for those with cardiac and pulmonary conditions and problem solve solutions of energy conservation for occupation. (intake, manipulation, application, cross application) B. 2.2, 2.4, 2.6, 2.8, 2.10, 5.1, 5.2, 5.5, 5.6, 5.8, 5.23, 5.24
42. Know general nutritional concerns and the elderly. (intake) B.1.2, 2.8, 4.9, 5.9, 5.25
43. Evaluate level of difficulty and reason for choosing type of 1) sighted partner techniques and 2) occupations performed with low vision deficits, and 3) vision screenings. (manipulate, apply) B.2.2, 2.3, 2.9, 4.9, 5.2, 5.17, 5.22, 5.24, 5.25, 5.29
44. Locate, explain the importance of, and apply published information regarding socialization and the occupational therapy process. (intake, manipulation, application) B.8.3
45. Recognize the collaborative nature of the occupational therapist-occupational therapy assistant partnership during occupational therapy service to the elderly. (intake) B. 4.5, 5.31, 98
46. In order to bridge the distance between non-professional and professional responsibilities the student will demonstrate professional behavior in all course work and activities. Student will accept faculty input to correct any student faulty thinking regarding professional behavior expectations. (dependability, professional presentation, initiative, empathy, cooperation, organization, clinical reasoning, supervisory process, verbal communication, written communication, information seeking, attitude). (intake) B.5.20, 9.6
47. Recognize the use of the current Occupational Therapy Practice Framework in connection to the elder population. (intake, manipulation, application) B.1.1, 1.2, 1.3, 4.1, 4.10, 5.1, 5. 22, 8.7, 9.3
48. Complete case study assignment including various pieces of the occupational therapy process. Include, but not limited to: gathering data to identify occupational history and occupational profile information (including but not limited to: discuss interaction between occupation, performance skills, performance patterns, activity demands, contexts(s), environments, and client factors; determining assets and areas of need; how to select and provide training (remediation and compensation) in ADL such as functional mobility and self-care, IADLs such as home management skills and community mobility, sleep, leisure, social participation, secondary to limitations of physical or sensory performance skills; reviewing intervention planning for transition planning; and transition of service. Identify use of professional organization resources as a compliment to occupational therapy service delivery. (intake, manipulation, application) B.1.1, 1.2, 2.6, 2. 7, 2.8, 2. 10, 4.1, 4. 5, 5. 1, 5. 9, 5. 12, 5. 13, 5. 17, 5. 21, 5.28, 5.29, 5. 31, 7.4, 9. 12

Assessment Description(s)

1. Complete Transition Planning for semester-long case study. Should be done with 75% accuracy (intake, manipulation, apply) (choose, classify, recommend)
2. Select activities for Intervention Planning for semester-long case study. Should be done with 75% accuracy (intake, manipulation, apply) (determine, judge, develop)
3. Identify organizations to provide resources for client in semester-long case study. Should be done with 75% accuracy (manipulate, apply) (select, choose)

All of the above Student Assessment Evaluation Methods are tentative and subject to change. The above indicated points, topics, and assessments may change as needed, as determined by the instructor. The instructor reserves the right to make any needed changes with any Student Assessment Evaluation Method, add any Student Assessment Evaluation Method or remove any Student Assessment Evaluation Method, if it would be in the best interest of student learning.

Materials and Technological Requirements

Access to Blackboard

American Occupational Therapy Association membership

Occupational Therapy Practice Framework: Domain and Process, 3rd Ed. 2014. By: American Occupational Therapy Association. ISBN-13: 9781569003619

Lab uniform

Byers-Connon, S., Lohman, H. L., & Padilla, R. L. (2004). Occupational Therapy With Elders Strategies for the COTA. 2nd edition. St. Louis, MO: Mosby. (a reference copy is available in the library) ISBN 13: 978032024303

Padilla, R.L., Byers-Connon, S., & Lohman, H. L (2012). Occupational Therapy with Elders Strategies for the COTA. 3rd edition. Maryland Heights, MO: Elsevier Mosby. ISBN 13: 9780323065054

Hussey, S. M., & Clifford O'Brien, J. (2012). Introduction to Occupational Therapy. 4th edition. St. Louis, MO: Mosby. ISBN 13: 978-0323084659

Christiansen, C.H. & Matuska, K. M. (2011). Ways of living: Intervention strategies to enable participation. 4th edition. Bethesda, MD. AOTA Press. 9781569002988

American Occupational Therapy Association: Occupational Therapy Code of Ethics (2015) available at: <http://www.aota.org/-/media/Corporate/Files/Practice/Ethics/Code-of-Ethics.pdf>

McHugh Pendleton, H. & Schultz-Krohn, W. (2011) Pedretti's Occupational Therapy Practice Skills for Physical Dysfunction. St. Louis, MO: Elsevier. ISBN-13: 9780323059121

Morreale, M. (2015). Developing Clinical Competence. Thorofare, NJ: Slack Books. ISBN 13: 9781617118159

Class Attendance Policy

Students are expected to attend all classes in which they are enrolled. If a student is absent from a class session, it is the student's responsibility to make arrangements to complete or make up any work missed. No make-up work for missed classes will be allowed without the approval of the instructor. Students who enroll late must assume all responsibility for work missed. Classes not attended as a result of late enrollment may be counted toward excessive absences. Students not attending the entire class period may be counted absent for that period. An instructor may drop students with a grade of "WE" if students have been absent for an excessive number of days. Warning letters will be sent to the students advising them of the consequences of nonattendance and urging them to contact their instructors immediately. Excessive absences are defined as follows:

Regular Semester

| | |
|---|------------|
| Courses which meet once a week..... | 2 absences |
| Courses that meet twice per week | 3 absences |
| Courses that meet four times per week | 5 absences |

Summer Session

| | |
|---|------------|
| Courses that meet four times per week in a five week session | 3 absences |
| Courses which meet two evenings per week in a 10 week session | 3 absences |

Students enrolled in special programs or individualized instruction should contact their program director/instructor regarding specific attendance requirements for the program/course. Some of the selective-admission, health-science programs have specific criteria regarding attendance. Students are encouraged to refer to program policies in these matters.

Jury Duty/Military/Official School Function

Scheduled absences are those that occur due to college-related activities or as a result of summons to jury duty or military duty. Classes missed as a result of scheduled absences will not be counted as excessive absences if the instructor is notified and provided documentation prior to the absence(s). Make-up work for scheduled absences will be at the discretion of the instructor.

In all instances, documentation must be provided to the instructor within 24 hours of receipt. Documentation should come from an appropriate party on letterhead or other official stationery with a signature and contact information. Documentation should list the corresponding dates of the leave.

Medical leave

For medical-related absences, documentation must include written notice from the treating medical professional documenting time needed off related to medical reasons and time student may resume classes. The medical reason does not need to be listed on the documentation; the documentation must include only that there is a medical reason, the amount of time the student needs to be absent, and the time the student should be able to return to classes. Students who elect to work at home while on excused leave must meet with their instructors to make arrangements to do so. Working on coursework while on medical leave is not a requirement but can be requested by students. If students request that they be allowed to work at home while on an excused leave, the instructor will make every reasonable effort to ensure that the student is able to do so.

For students who have a medical condition necessitating time off or accommodation:

- 1) They may work at home on assignments if they choose to if on medical leave approved by a medical professional
- 2) Receive appropriate accommodations related to coursework (i.e., excused from labs with potentially harmful chemicals, have a larger desk, etc.)
- 3) Resume their studies where they left off once they return to classes
- 4) Be allowed to make up any missed work related to medical leave

- 5) Receive incompletes on their transcripts until coursework is completed, according to the incomplete grade contract.
- 6) Be given a reasonable time frame in which to complete missed coursework

Academic Honesty Policy

Students enrolled at South Arkansas Community College are expected at all times to uphold standards of integrity. Students are expected to perform honestly and to work in every way possible to eliminate academic dishonesty. Academic dishonesty includes cheating and plagiarism, which are defined as follows:

- Cheating is an attempt to deceive the instructor in his/her effort to evaluate fairly an academic exercise. Cheating includes copying another student's homework, class work, or required project (in whole or in part) and/or presenting another's work as the student's own. Cheating also includes giving, receiving, offering, and/or soliciting information on a quiz, test, or examination.
- Plagiarism is the copying of any published work such as books, magazines, audiovisual programs, electronic media, and films or copying the theme or manuscript of another student. It is plagiarism when one uses direct quotations without proper credit or when one uses the ideas of another without giving proper credit. When three or more consecutive words are borrowed, the borrowing should be recognized by the use of quotation marks and proper parenthetical and bibliographic notations.

If, upon investigation, the instructor determines that the student is guilty of cheating or plagiarism, the following penalties will apply:

The student will receive a penalty of no less than a zero on the work in question.

The instructor will submit a Student Academic Misconduct Form, written report of the incident, to the appropriate dean.

The dean will submit form to Vice President for Learning to determine disciplinary action.

The Vice President for Learning will determine whether further disciplinary action will be taken.

All decisions may be appealed for review through the college's academic appeals procedure.

Equal Opportunity-Affirmative Action Statement

South Arkansas Community College does not discriminate on the basis of age, race, color, creed, gender, religion, marital status, veteran's status, national origin, disability, or sexual orientation in making decisions regarding employment, student admission, or other functions, operations, or activities.

Library Services

Library Homepage: <http://southark.libguides.com/homepage> Library Contact: LibraryStaff@southark.edu or 870.864.7115

Procedures to Accommodate Students with Disabilities

If you need reasonable accommodations because of a disability, please report this to the Vice President of Student Services with proper documentation. VPSS Contact: 870.875.7262

The Early Alert System

In an effort to ensure student retention and success, South Arkansas Community College employs an Early Alert System to identify and support at-risk students as soon as possible in a given semester. The intent of Early Alert is to provide this assistance while there is still time to address behaviors or issues that have the potential of preventing students from completing their courses and degree plans. Students referred through the Early Alert System will be required to work on a corrective action plan with their student advising coach and to include attendance accountability and mandatory academic tutoring either in the academic division or in the Testing and Learning Center (TLC). Once the Student Advising Coach has met with the referred student, and again when the student has met the prescribed corrective actions, the coach will update the Early Alert System so that the instructor is kept informed of the progress in resolving issues.

Behavioral Review Team

At South Arkansas Community College (SouthArk), we are committed to proactive leadership in student wellbeing and campus safety. By focusing on prevention and early intervention with campus situations that involve any person experiencing distress or engaging in harmful or disruptive behaviors, the BRT will serve as the coordinating hub of existing resources to develop intervention and support strategies and offer case management. Students, faculty, staff, and campus guests are encouraged to report any person on campus who is a concern. BRT Contact: 870.875.7262 BRT@southark.edu

Date of Revision: 9/7/2016