

**Bossier Parish Community College**  
**Master Syllabus**

**Course Prefix and Number:** OCTA 215

**Credit Hours:** 3

**Course Title:** Occupational Therapy Strategies and Interventions to Pediatrics

**Course Prerequisite:** Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

**Textbooks/ Learning Resources:**

**Required textbook:**

Solomon, O'Brien; Pediatric Skills for Occupational Therapy Assistants; 5th edition

**Supplemental textbook:**

Wagenfeld, Kaldenberg; Foundations of Pediatric Practice

Parham, Fazio; Play in Occupational Therapy for Children; 2<sup>nd</sup> edition

**Course Description:**

This course will provide knowledge in occupational therapy strategies and intervention techniques for individuals ranging in age from birth to age 22 that have limitations that affect their performance in areas of occupation (ADL, IADL, health management, education, play, work, leisure, rest and sleep and social participation). Topics include common diagnoses, assessments, treatment environments, and treatment interventions for areas of occupation. Lab activities will focus on applying skills necessary to prevent, remediate, compensate, adapt and promote participation in the pediatric population as well as effectively communicating (verbal and written) with patients/families, caregivers, clinicians and teachers. The evaluation process, appropriate assessments, and documentation skills will be expanded upon.

**Relationship to Curriculum Design:**

This course is designed to build upon knowledge from OCTA 205 in order to develop strategies and techniques in the treatment of pediatric conditions/disorders/disabilities. A hands-on approach to learning is emphasized. The focus is on applying evaluation information and assessment skills to treatment in the pediatric population using **occupation based, evidence-based practice**, activity analysis, and activity grading. Professionalism and oral and written communication skills are expanded upon. Students utilize **clinical reasoning** skills to identify needs in the **community** to create, implement, and evaluate intervention strategies. **Scholarship of Teaching and Learning and Application** are implemented throughout the program and provide students opportunities to utilize research skills, problem solve, and apply clinical reasoning during presentations and data interpretation. Interactive and student-centered learning is emphasized through class discussion, group activities, case studies, role-play, case-based learning, presentations, and reflection.

## **Teaching/Learning Method and Instructional Delivery:**

Course content will be delivered through on-campus lectures and labs with supplemental coursework through Canvas and fieldtrips. Level I-A fieldwork in pediatric settings is also integrated in this course.

Instructional methods include power point lectures including voice over presentations, case studies, online discussion board activities and assignments, quizzes, group activities, video analysis, lecture, fieldtrips, skills training and demonstration, practicals, role play, and level I-A fieldwork.

### **Students will demonstrate learning through:**

1. Assigned readings
2. Student participation through completion of:
  - a. Pre-class activities and prep work
  - b. Learning through group discussion, class activities, reflection, and presentations
  - c. Independent assignments
  - d. Discussion board activities
  - e. Lab practicals
  - f. Exams

### **Learning Outcomes:**

At the end of this course the student will be able to:

- A. think critically and creatively to design and discuss treatment options for children and adolescents with conditions that affect occupational performance
- B. utilize principles, positioning methods and devices in handling abnormal tone and reflexes;
- C. apply knowledge of normal hand and grasp development and design activities and modifications for treatment of hand, grasp, and handwriting skills;
- D. create intervention strategies and modifications in the treatment of children with oral motor, self-care, neurological, orthopedic, and sensory processing delays and psychosocial dysfunction.
- E. apply knowledge of typical and atypical development in the to assess, plan treatment, and document plan of care for the pediatric population utilizing evidenced based practice
- F. identify, grade, adapt, and justify purposeful and occupation-based activities to meet the needs of the pediatric population.
- G. *communicate effectively using appropriate terminology and therapeutic use of self with patients/families and other clinicians, both verbally and in written form*

### **Course Objectives**

To achieve the learning outcomes, the student will:

1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. **(A, D, E)**

2. 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. **(B.2.1)**
3. Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to implement the intervention plan. **(B.3.6)**
4. 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. **(B.4.1) (G)**
5. Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills. **(B.4.2) (A)**
6. Utilize clinical reasoning to facilitate occupation-based interventions that address client factors focused on promotion, compensation, adaptation, and prevention. **(B.4.3) (A, E)**
7. Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and non-standardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies. **(B.4.4)**
8. Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes. **(B. 4.6) (E, G)**
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. **(B.4.9)**
10. Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. **(B.4.10) (D, E)**
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. **(B.4.11) (F)**
12. Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation specific to the pediatric population. **(B.4.12) (D, F)**
13. Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices. **(B.4.13) (F)**
14. Provide training in techniques to enhance community mobility, and address transportation transitions, including driver rehabilitation and community access. **(B.4.14) (F)**
15. Demonstrate knowledge of the use of technology in practice, which must include: Electronic documentation systems, Virtual environments, Telehealth technology. **(B.4.15) (E, G)**
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. **(B.4.16) (D, F)**
17. 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. **(B.4.18) (E, F)**

18. Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intra-professional colleagues. **(B.4.19) (G)**
19. Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches:  
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. **(B.4.21) (G)**
20. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist. **(B.4.22) (D, F, G)**
21. 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. **(B.4.23) (G)**
22. Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies. **(B.4.26) (A, G)**
23. 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. **(B.4.28) (A, E, G)**
24. 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. **(B.6.1) (E)**
25. Understand the difference between quantitative and qualitative research studies. **(B.6.2) (E)**
26. Demonstrate the skills to understand a scholarly report. **(B.6.3) (E)**
27. 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. **(B.6.6.) (E)**
28. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context. **(F)**
29. Define Cerebral Palsy and discuss typical movement patterns and classifications **(A, B)**
30. Define and describe therapeutic positioning and handling techniques for children with movement disorders of the central nervous system. **(B)**
31. Describe at least eight different positioning devices including information about who should use each one, the ideal position prompted by each device, the intended benefit of each piece of equipment, and the precautions that should be taken with each item. **(B)**
32. Describe the advantages and disadvantages of supine, prone, side-lying, and upright antigravity positions. **(B)**
33. Describe examples of behaviors in an individual with sensory integrative dysfunction **(A, D)**
34. Describe the impact of various disabilities on play development. **(A)**
35. Identify client factors required for handwriting. **(C)**

36. Describe interventions and/or modifications to improve attention, handwriting, and fine motor skills. **(C)**
37. Define the principles of sensory integration treatment. **(A, D)**
38. Discuss the types of sensory movement disorder and sensory modulation disorder. **(A, D)**
39. Identify intervention techniques to work with children who have postural-ocular dysfunction, bilateral integration dysfunction and developmental dyspraxia. **(D, E, F)**
40. Demonstrate the role of the OTA in developing and implementing an oral motor and feeding program including precautions and appropriate techniques based on individual client factors. **(D)**
41. Discuss the various categories of ADLs and IADLs and intervention/modifications for increasing independence in children with a variety of diagnoses. **(D, F)**
42. Identify strategies and activities used by OTAs when working with children with psychosocial disorders. **(D)**
43. Demonstrate appropriate selection of assessments, administration of those assessments, and interpretation and sharing of data. **(E)**
44. Define assistive technology within the scope of pediatric occupational therapy. **(F)**
45. Identify goals of pediatric splinting. **(E,G)**
46. Articulate the importance of using statistics, tests, and measurements for the purpose of delivering evidence-based practice. **(E)**

## Topical Outline

- I. Evidenced based practice
  - A. scholarly reports
  - B. interpreting/statistics
  - C. decision-making
- II. Introduction to Sensory Integration
  - A. Background
  - B. Examples of behaviors
  - C. Typical development
  - D. Sensory systems
  - E. Clinical observations
- III. Sensory Processing
  - A. Assessment
  - B. Intervention
- IV. Cerebral Palsy
  - A. Definition
  - B. Posture and movement
  - C. Classification
  - D. Functional implications
  - E. OTA Roles
- V. Positioning and Handling
  - A. General principles
    1. Muscle tone
    2. Reflexes

- B. Positioning methods
- C. Inhibition and facilitation
- D. Positioning devices
- VI. Play and playfulness
  - A. Definition, types and stages
  - B. Techniques
  - C. Play scale
  - D. Interventions and adaptations
  - E. Play and Sensory integrative approach
  - F. Play and autism
  - G. Play and Cerebral Palsy
  - H. Play and school
  - I. Play and assistive technology
- VII. Therapeutic Media
  - A. Background
  - B. goals
  - C. Group Activities
  - D. Grading and adapting
- VIII. Adolescence
  - A. intervention planning
  - B. Group interventions
- IX. Behavior
  - A. Strategies
  - B. Interventions
- X. Occupational Performance
  - A. ADL
  - B. IADL
  - C. Managing and organizing
  - D. Intervention
- XI. School- Handwriting
  - A. Classroom modifications
  - B. Developing hand skills
  - C. Handwriting interventions
- XII. Fine Motor Skills
  - A. Fine Motor interventions
  - B. Object manipulation
  - C. Pencil grasp
  - D. Writing pre-requisites
  - E. Motor learning concepts
  - F. Assessment
  - G. Intervention
- XIII. Oral motor
  - A. Assessment
  - B. Treatment
- XIV. Self Care
  - A. Assessment

- B. Adaptations
- C. Interventions
- XV. Assistive Technology
  - A. Definitions
  - B. Team members
  - C. Characteristics
  - D. Assessments
  - E. Technology for leisure
  - F. Environmental controls
  - G. Communication technology
- XVI. Splinting and Orthotics
  - A. General considerations
  - B. Common injuries
  - C. Goals skin integrity
  - D. Evaluation
  - E. Fabrication tips
- XVII. Animal Assisted Therapy
  - A. Activities
  - B. Small animals
  - C. Large animals
  - D. Intervention planning
- XVIII. OT Process
  - A. Evaluation
  - B. Intervention Planning
  - C. Intervention Implementation
  - D. Assessing Outcomes

**Course Grading: The student's grade for this course will be based on:**

- Written Exams which comprise 60% of final grade (average of all written exams)
- Lab Activities, Practical Tests, and Professional behavior, attendance, and Participation which comprise 40% of final grade
  - Activities and Assignments, Professional behavior and Attendance (assessed by rubric) are 20%
  - Lab Practical Tests are 15%
  - Comprehensive Final Case Based Learning Lab Practical is 5%

**Canvas Modules contain:**

- Prep Work
- Presentation (power point)
- Presentation supplements (if applicable) such as handouts, videos, or links to information that are part of the presentation – also “testable” material
- Discussion Board assignments and Assignments to be uploaded (if applicable)
- Lecture/Lab Activities

## Assignments

If an assignment instructs you to submit through MyBPCC Canvas, then you will be expected to submit the assignment through MyBPCC Canvas (don't email assignments to instructor).

**Course Requirements:** To earn a grade of "C" or higher, the student must earn 70% of the total points for the course and meet all of the following course requirements:

- minimum of 75% average on lab practical skills tests
- satisfactory completion of all course assignments (minimum score of 75%)

## **Course Grading Scale:**

- A- 90% or more of total possible points; and minimum of 75% average on laboratory practical tests and satisfactory completion of assignments and presentations
- B- 80-89% or more of total possible points; and minimum of 75% average on laboratory practical tests; and satisfactory completion of assignments and presentations
- C- 70-79% or more of total possible points; and minimum of 75% average on laboratory practical tests and satisfactory completion of assignments and presentations
- D- 60-69% or more of total possible points; and minimum of 75% average on laboratory practical tests and satisfactory completion of assignments and presentations
- F- Less than 60% of total possible points; or less than 75% average on laboratory practical tests or failure to satisfactorily complete or present assignments and presentations

\*\* Lab competencies are scored differently than written exams. All mistakes result in a point deduction for grading purposes. However, failure to demonstrate fundamental competency, safety or professionalism in the execution of the skill as evaluated by the course instructor(s) will result in an immediate failing score. The student will then be required to re-test on the skill preceding fall/spring clinical practice experiences with the specific scheduling and format for such being at the discretion of the primary course instructor but the responsibility of the student. The student will be given up to two additional testing attempts to demonstrate competency. If unable to safely, competently and professionally execute the skill on subsequent attempts, the student will be given a failing grade for the course and will not continue in the clinical program. The remediation scores will not replace the first attempt test score.

## **Student Expectations:**

- a. Course faculty will determine if class absence is excused. Unexcused absences will result in a zero (0) for the exam, assignment, or class participation due on the date of absence.
- b. **One** tardy will be excused per semester. All other tardies will constitute a decrease of one percentage point each in final grade.
- c. Make-up work or exams for excused absences will be given at the discretion and convenience of the instructor.
- d. Satisfactory completion of ALL assignments is required. Late assignments will receive a 10% deduction per day. Instructor has discretion to give a grade of zero for late assignments and is determined on a case by case basis.

- e. All written work will be typed and produced according to the *APA Publication Manual, 7th edition* unless otherwise indicated in assignment directions.
- f. **Active** participation during class time, community outings, fieldwork experiences, and other professional experiences is mandatory. Passive note taking and silent observation is not considered active participation.
- g. Preparation is required to engage in class activities.
- h. Professional behavior and development are integral parts of becoming an Occupational Therapy Assistant. Students are expected to accept constructive criticism from faculty and peers and modify behavior accordingly.
- i. Advising appointment requests with faculty must be made in writing.

Students must have a “C” or better and a semester GPA average of 2.5 or better to receive credit toward the OTA program requirements and to move to the next level of coursework.

**More detailed information available in the OTA Program Student Handbook.**

### **Professional Behavior:**

In addition to requirements related to technical skill development during class/lab and fieldwork practice experiences, the Program additionally expects students to demonstrate affective behaviors consistent with a “professional.” Students are expected to conduct themselves in a professional manner at all times, including written and verbal communication. The policies and procedures of the Program and of the Fieldwork Facility must be adhered to and additionally the student should conform to the principles outlined in the AOTA Guide for Professional Conduct and the AOTA Code of Ethics.

### **Netiquette**

This term is used to describe accepted, proper behavior on the Internet. Remember the following when communicating online (messages, discussions, etc.):

- A good rule of thumb: If you would not say it to the recipient face-to-face, do not type it and send it electronically.
- Never post profanity, racist, or sexist messages
- Be respectful of fellow students and instructors
- Never insult any person or their message content
- Never plagiarize or publish intellectual property
- Do not use text messaging abbreviations or street slang
- Do not type in all CAPS (this is considered online yelling)

**Attendance Policy:** The college attendance policy, which is available at <http://catalog.bpcc.edu/content.php?catoid=4&navoid=231&hl=attendance&returnto=search#class-attendance>, allows that “more restrictive attendance requirements may apply to some specialized classes such as laboratory, activity, and clinical courses because of the nature of those courses.” The attendance policy of the OTA program is described in the OTA Program Student Handbook.

## **Nondiscrimination Statement**

Bossier Parish Community College does not discriminate on the basis of race, color, national origin, gender, age, religion, qualified disability, marital status, veteran's status, or sexual orientation in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of its operations. Bossier Parish Community College does not discriminate in its hiring or employment practices.

### COORDINATOR FOR SECTION 504 AND ADA

Angie Cao, Student and Disability Services Specialist

Disability Services, F254, 6220 East Texas Street, Bossier City, LA 71111

318-678-6511

[acao@bpcc.edu](mailto:acao@bpcc.edu)

Hours: 8:00 a.m.-4:30 p.m. Monday - Friday, excluding holidays and weekends.

Equity/Compliance Coordinator

Teri Bashara, Director of Human Resources

Human Resources Office, A-105

6220 East Texas Street

Bossier City, LA 71111

Phone: 318-678-6056

Hours: 8:00 a.m.-4:30 p.m. Monday - Friday, excluding holidays and weekends.

*The syllabus is comprehensive and covers a lot of detail. Read it carefully and ask questions about anything you do not understand. The syllabus is subject to change, but all changes will be announced as far in advance as possible.*

**Reviewed by K. Brandon 5/22**