

OTA 150
LIFE SPAN SKILLS I

Prerequisites: Enrollment in the Occupational Therapy Assistant program, BIO 169, and OTA 130

Corequisites: PSY 241, OTA 163, and OTA 170

This course is designed to use knowledge gained from PSY 241 as it applies to occupational therapy practice from birth to adolescence. Topics include review of normal growth and development, identification and discussion of common disabilities and delays, assessment, treatment planning, and intervention approaches used with these populations. Upon completion, students should be able to identify and use assessments, screenings, and interventions for infants through adolescents for selected disabilities and developmental delays in various settings. Course Hours Per Week: Class, 2. Lab, 3. Semester Hours Credit, 3.

LEARNING OUTCOMES:

Upon completion of this course, the learner will be able to:

- A. Work effectively with the supervision of an OT/L.
 - 1. Observe an OT - OTA relationship in a pediatric practice.
 - 2. Successfully complete laboratory and clinical experience
 - 3. Interact effectively with at least one OT supervisor in a pediatric setting.
- B. Function as a member of a health care team.
 - 1. Demonstrate knowledge of OTA role in pediatric settings.
 - 2. Participate effectively in a multidisciplinary team activity regarding a pediatric client during a laboratory and clinical experience.
- C. Reconcile personal and professional goals with employer objectives and policies.
 - 1. Identify personal goals for laboratory and clinical experiences.
 - 2. Identify facility objectives and policies that are important in the laboratory and clinical experience.
 - 3. Determine relationships of these two entities and identify ways to positively incorporate them into an action plan.
- D. Maintain records consistent with Durham Tech requirements.
 - 1. Identify record requirements of fieldwork sites.
 - 2. Adhere to record keeping requirements during experiences.
 - 3. Turn in all assignments in a timely and efficient manner.
- E. Express ideas clearly in written reports.
 - 1. Complete pediatric case study.
 - 2. Complete screening activity write-up
 - 3. Complete pediatric skill development reports.
 - 4. Complete personal goals reports.

- F. Demonstrate a caring non-judgmental attitude.
 1. Interact effectively with pediatric clients regardless of race, sex, physical abilities or appearance, cognitive abilities, behavioral or environmental conditions.
 2. Interact effectively with all caregivers of pediatric clients.
- G. Communicate with pediatric clients on their level.
 1. Correctly interpret verbal and non-verbal behaviors of pediatric clients.
 2. Correctly interpret verbal and non-verbal behaviors of caregivers.
 3. Use appropriate verbal and non-verbal communication skills to share information with pediatric clients and caregivers.
 4. Modify and use assessment tools to determine effectiveness of communication skills with pediatric clients and their caregivers.
- H. Prepare for clinical assignments.
 1. Complete pre-clinical checklist prior to laboratory and clinical experiences.
 2. Successfully complete practice sessions prior to participation in laboratory and clinical activities.
- I. Participate in developing pediatric treatment plans during laboratory and clinical experiences in different settings
- J. Assist in implementing occupational therapy intervention.
- K. Assist with data collection and evaluation for pediatric clients, under the supervision of an OT/L.
 1. Assist with the assessment of pediatric clients during laboratory and clinical experiences.
 2. Collect and report objective data on pediatric clients.
- L. Educate others in the area of established service competency under the supervision of an OT/L.
 1. Demonstrate at least one service competency

~~Effective communication skills are essential for the occupational therapist to provide quality care to the client. The occupational therapist must be able to communicate effectively with the client, the caregiver, and the interdisciplinary team. This includes the ability to listen, understand, and respond to the needs of the client and the caregiver. The occupational therapist must also be able to communicate effectively with the interdisciplinary team, including the physician, the nurse, and the social worker. This includes the ability to share information, collaborate, and coordinate care. The occupational therapist must also be able to communicate effectively with the community, including the school, the church, and the neighborhood. This includes the ability to provide information, resources, and support to the community. The occupational therapist must also be able to communicate effectively with the public, including the media, the general public, and the government. This includes the ability to provide information, resources, and support to the public. The occupational therapist must also be able to communicate effectively with the profession, including the other occupational therapists, the other health professionals, and the other professionals. This includes the ability to provide information, resources, and support to the profession. The occupational therapist must also be able to communicate effectively with the world, including the other countries, the other cultures, and the other people. This includes the ability to provide information, resources, and support to the world.~~

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- III. Identify atypical development
 - A. With respect to performance skills, client factors, and contextual considerations
 - 1) Motor performance skills and associated client factors and body structures
 - 2) Processing performance skills and associated client factors and body structures
 - 3) Interactional performance skills and associated client factors and body structures
 - 4) Performance patterns
 - 5) Multiple component conditions
 - 6) Contexts issues:
 - a. Familial personal
 - b. Cultural
 - c. Spiritual
 - d. Physical
 - e. Temporal
 - B. With respect to areas of occupation
 - 1) ADLs & IADLs
 - 2) Education
 - 3) Work
 - 4) Play
 - 5) Leisure
 - 6) Social Participation
 - C. In relationship to diagnoses (medical and educational categories)
- IV. Explore the role of family in working with the pediatric population
 - A. Family systems theory
 - B. Family life cycle
 - C. Family ecology
 - D. Dysfunctional families & environments
 - E. Disabled child in the family system
 - F. Laws and reimbursement system
- V. OT assessment & intervention
 - A. Approaches/frames of reference
 - 1) Developmental
 - 2) Perceptual Motor
 - 3) Biomechanical
 - 4) Human Occupation
 - 5) Neurodevelopmental
 - 6) Behavioral
 - 7) Sensory Integrative
 - B. OT assessment tools - OTA use
 - 1) Physical growth
 - 2) Reflex and motor development and function
 - 3) Cognitive and sensory development and function
 - 4) Affective and emotional development and function
 - 5) Self-care abilities and performance

- 6) Social or interaction/communication abilities
 - 7) Multidimensional development
- C. OT treatment planning
- 1) Using assessment data to build a plan
 - 2) Assisting the OT in plan development
 - 3) Helping to set priorities
 - 4) Identifying caregivers' roles and responsibilities
 - 5) Helping determine intervention strategies
 - 6) Assisting in development of IEPs and goal setting