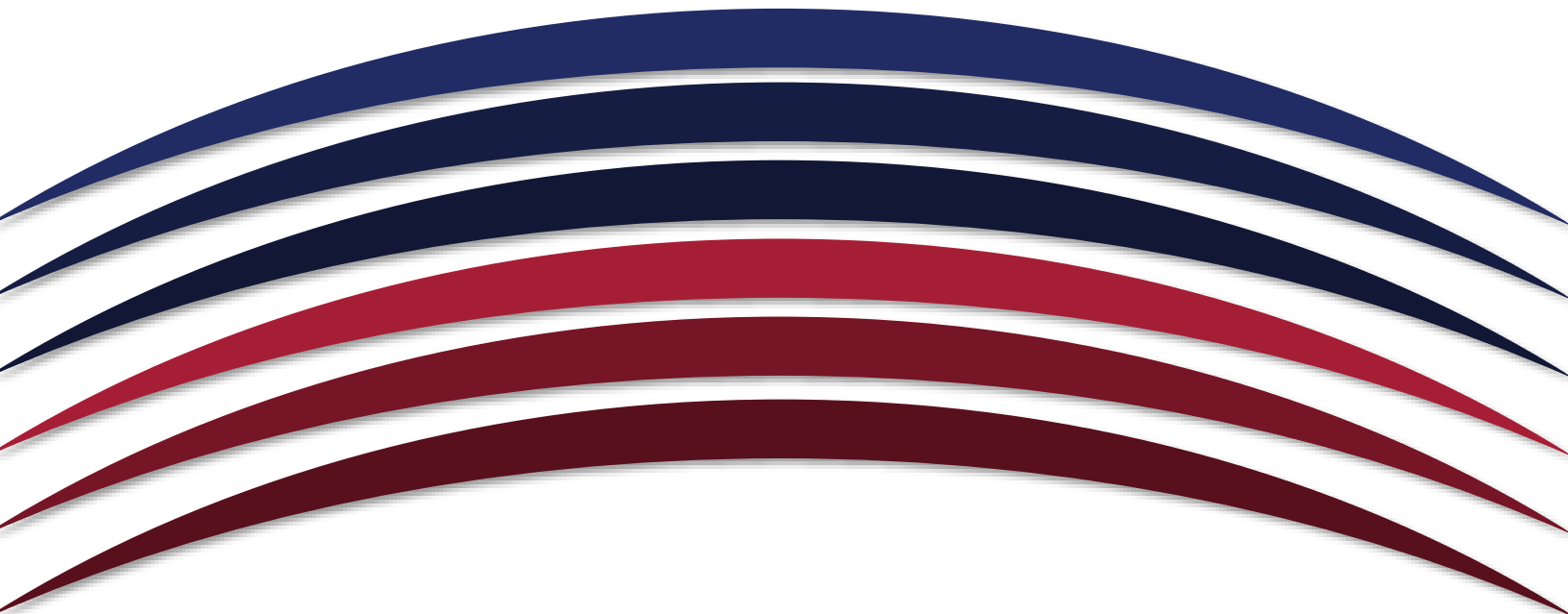




UNIVERSITY OF ARKANSAS
PULASKI TECH

Assessment Report:
2019-2020:
BOTA 1224
Fundamentals of OTA II



1. Name of individual compiling report: Karen James, PhD, OTR/L, CAPS

2. Date of submission: 02/04/2021

3. Is the assessment plan (*Check or highlight one*)

☐ an initial plan for the program

☐ a revision of an old plan

☐ unaltered from previous year

Course-Level Learning Outcomes-

1. What are the Course-Level Outcomes (CLOs)?

1. Articulated the importance of using statistics, tests, and measurements for the purpose of delivering evidence-based practice. B.1.7
2. Exhibited the ability to analyze tasks in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to implement the intervention plan. B.2.7
3. Used 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. B.2.8
4. Explained the need for and use of compensatory strategies when desired life tasks cannot be performed. B.2.10
5. Identified interventions consistent with models of occupational performance. B.2.11.
6. Described basic features of the theories that underlie the practice of occupational therapy. B.3.1
7. Described the models of practice and frames of reference that are used in occupational therapy. B.3.2
8. Discussed how occupational therapy history and occupational therapy theory, and the sociopolitical climate influence practice. B.3.3
9. Gathered and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, and significant others. B.4.1
10. Administered selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment. B.4.2
11. Gather and shared data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes:
 - The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g. neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g. cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.

•Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations). B.4.4

12. Articulated the role of occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in the process. B.4.5

13. Identified when to recommend to the occupational therapist the need for referring clients for additional evaluation. B.4.9

14. Documented occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services. B.4.10

15. Provided 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.5.7

16. Enabled feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors. B.5.14

17. Used the teaching-learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods. B.5.19

18. Interacted effectively through written, oral, and nonverbal communication with the client, family, and significant others, in a professionally acceptable manner. In partial fulfillment of B.5.20

19. Demonstrated skills of collaboration with occupational therapists on therapeutic interventions. In partial fulfillment of B.5.25.

20. Identified and explained the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapist assistant. B.9.8

21. Discussed how occupational therapy history and occupational therapy theory, and the sociopolitical climate influence practice B.3.4.

2. Which CLOs were addressed for this academic year? (2019-2020)

1. Articulated the importance of using statistics, tests, and measurements for the purpose of delivering evidence-based practice. B.1.7

2. Exhibited the ability to analyze tasks in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to implement the intervention plan. B.2.7

- 3.Used 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. B.2.8
- 4.Explained the need for and use of compensatory strategies when desired life tasks cannot be performed. B.2.10
- 5.Identified interventions consistent with models of occupational performance. B.2.11.
- 6.Described basic features of the theories that underlie the practice of occupational therapy. B.3.1
- 7.Described the models of practice and frames of reference that are used in occupational therapy. B.3.2
- 8.Discussed how occupational therapy history and occupational therapy theory, and the sociopolitical climate influence practice. B.3.3
- 9.Gathered and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, and significant others. B.4.1
- 10.Administered selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment. B.4.2
- 11.Gather and shared data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes:
 - The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g. neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g. cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations). B.4.4
- 12.Articulated the role of occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in the process.B.4.5
- 13.Identified when to recommend to the occupational therapist the need for referring clients for additional evaluation. B.4.9
- 14.Documented occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services. B.4.10
- 15.Provided 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.5.7
- 16.Enabled feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors. B.5.14

- 17.Used the teaching-learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods. B.5.19
- 18.Interacted effectively through written, oral, and nonverbal communication with the client, family, and significant others, in a professionally acceptable manner. In partial fulfillment of B.5.20
- 19.Demonstrated skills of collaboration with occupational therapists on therapeutic interventions. In partial fulfillment of B.5.25.
- 20.Identified and explained the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapist assistant. B.9.8
- 21.Discussed how occupational therapy history and occupational therapy theory, and the sociopolitical climate influence practice B.3.4.

3. Which CLOs are being addressed in your assessment plan next academic year? (2020-2021)

- 1.Articulated the importance of using statistics, tests, and measurements for the purpose of delivering evidence-based practice. B.1.7
- 2.Exhibited the ability to analyze tasks in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to implement the intervention plan.B.2.7
- 3.Used 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. B.2.8
- 4.Explained the need for and use of compensatory strategies when desired life tasks cannot be performed. B.2.10
- 5.Identified interventions consistent with models of occupational performance. B.2.11.
- 6.Described basic features of the theories that underlie the practice of occupational therapy. B.3.1
- 7.Described the models of practice and frames of reference that are used in occupational therapy. B.3.2
- 8.Discussed how occupational therapy history and occupational therapy theory, and the sociopolitical climate influence practice. B.3.3
- 9.Gathered and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, and significant others. B.4.1
- 10.Administered selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment. B.4.2
- 11.Gather and shared data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes:
 - The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g. neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g. cardiovascular, digestive, integumentary systems).

- Performance patterns (e.g., habits, routines, roles) and behavior patterns.
- Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
- Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations). B.4.4

12. Articulated the role of occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in the process. B.4.5

13. Identified when to recommend to the occupational therapist the need for referring clients for additional evaluation. B.4.9

14. Documented occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services. B.4.10

15. Provided 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.5.7

16. Enabled feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors. B.5.14

17. Used the teaching-learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods. B.5.19

18. Interacted effectively through written, oral, and nonverbal communication with the client, family, and significant others, in a professionally acceptable manner. In partial fulfillment of B.5.20

19. Demonstrated skills of collaboration with occupational therapists on therapeutic interventions. In partial fulfillment of B.5.25.

20. Identified and explained the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapist assistant. B.9.8

21. Discussed how occupational therapy history and occupational therapy theory, and the sociopolitical climate influence practice B.3.4.

4. Explain the assessment cycle.

Second semester lecture/lab course for the OTA program offered January 2020-May 2020

5. What are the assessment methods? Are they direct or indirect?

Direct: Exams and Lab Practicums

Indirect: Assignments

6. What are the assessment goal(s)?

Exams are used to assess retention and application of knowledge from the lecture. Lab practicums are used to assess knowledge and application of hands on skills. Assignments are used to apply lecture content in creative ways utilizing observation skills, grammatical skills, and at times teamwork and collaboration.

7. What were the findings for this academic year? (2019-2020)

The minimum passing grade for the course is 77%. The class average for the course is 93% with the range being 87% to 93%.

A-10

B-7

C-0

D-0

F-0

Drop or Withdrawal-0

8. What is your analysis of the findings?

Seventeen first-year students returned for Spring 2020 and 17 completed the course. Enrollment in this cohort dropped by one student who chose in between semesters not to return for personal reasons.

9. What is the action plan for the next academic year? (2020-2021) Explain.

The Accreditation Council for Occupational Therapy Education (ACOTE) has issued new accreditation standards effective July 2020, and these will be incorporated into all courses beginning Fall 2020.

DRAFT