I. Basic Course Information

A. Course Number and Title: OTAH 221 - Psychosocial Fieldwork I

B. New or Modified Course: New

C. Date of Proposal: Semester: Spring Year: 2017

D. Effective Term: Fall 2017

E. Sponsoring Department: Health Science Education

F. Semester Credit Hours: 1

G. Weekly Contact Hours: Field Experience. A total minimum of 45 hours required.

H. Prerequisites: OTAH 120 – Pediatric/Adolescent OTA
   OTAH 121 – Pediatric/Adolescent Fieldwork I
   OTAH 122 – Pediatric/Adolescent Clinical Condition for the OTA

   Co-requisites: COMM 110 – Interpersonal Communication
                  FITN 201 – Kinesiology
                  SOCI 101 – Introduction to Sociology
                  OTAH 200 – Psychosocial OTA

J. Laboratory Fees: None

K. Name and Telephone Number or E-Mail Address of Department Chair at time of approval: Beryl Stetson, Beryl.Stetson@raritanval.edu, 908-526-1200 x8208

II. Catalog Description:

Prerequisites: OTAH 120 – Pediatric/Adolescent OTA
               OTAH 121 – Pediatric/Adolescent Fieldwork I
               OTAH 122 – Pediatric/Adolescent Clinical Condition for the OTA

Co-requisites: COMM 110 – Interpersonal Communication
               FITN 201 – Kinesiology
               SOCI 101 – Introduction to Sociology
Level I Fieldwork in Psychosocial OTA is the second among the primary clinical experiences as the student progresses through the lifespan curriculum. The students will have the opportunity to observe and interact off-campus with the psychosocial population under the supervision of an OTA or OT clinician. The focus of this fieldwork experience allows the student to use observational and interactional skills to relate theoretical and scientific principles learned in the didactic portion of the academic program. Students observe psychosocial dysfunction as it impacts an individual’s occupational performance and participation. The student will have the opportunity to gather information regarding the client’s personal and medical history to realize the importance in developing an occupational profile. This will assist in determining client centered groups that are meaningful and occupationally based. This clinical experience will also provide the student the ability to observe therapeutic use of self and allow the student to exercise their professional communication and interpersonal skills through their interactions with clients, supervisors and other members of the psychiatric team. Specific assignments and objectives will be given to the students to serve as a guide during this clinical experience.

III. Statement of Course Need:

A. The focus of this fieldwork experience allows the student to concurrently observe and interact with the psychosocial dysfunction population. These experiences enable the student to observe real life situations and scenarios and its relationship to the theoretical and scientific principles being learned in both the psychosocial dysfunction lecture and lab. Under the supervision of an OTA or OT, the student is able to develop and enhance their judgement, thinking and skills clinically. This course facilitates a beneficial collaboration of theory and practice to optimize a student didactic experience. Upon completion, a student is able to perceive the OTA’s responsibility for direct patient/client care and daily operations in a psychiatric setting.

B. There is no lab in this course.

C. This course is not designed for transfer.

IV. Place of Course in College Curriculum:

A. Free Elective
B. This course meets a program requirement for the AAS in Occupational Therapy Assistant.
V. Outline of Course Content

A. Introduction and orientation to the staff, facility tour, and clinical instructor (CI).

B. Review of expectations and facility supervisor’s plans for clinical experience.

C. Observations of clinical activities at the sites.

D. Completion of selected documentation activities.

E. Completion of selected interactional activities.

F. Completion of assignments designated by fieldwork supervisor.

G. Completion of assignments designated by course faculty per due dates (See below)

H. Closure with facilities’ clients and supervisors.

VI. General Education and Course Learning Outcomes

A. General Education Learning Outcomes:

At the completion of the course, students will be able to:

1. Analyze information and ideas carefully and logically from multiple perspectives and develop reasoned solutions to problems presented to occupational therapy assistants by psychiatric clients. (GE-NJ 1, 3, 8, IL)*

2. Use investigative and analytical thinking skills to examine alternative, explore complex questions and solve challenging problems presented to occupational therapy assistants by psychiatric clients. (GE-NJ 3)*

3. Use basic knowledge and key principles in the natural sciences including an understanding of the methods of scientific inquiry in field-based study. (GE-NJ 3)

4. Identify, locate, evaluate, and use information obtained through field-based study effectively and responsibly to increase understanding of the role of the occupational therapy assistant in a psychiatric setting. (GE-NJ 1, 3, 4, IL)*

5. Use appropriate language, conventions, organization, supporting evidence, and content to effectively communicate occupational therapy interventional approaches, strategies and techniques in writing for the purpose and audience. (GE-NJ 1, 2, 4, 8, IL)

*embedded critical thinking

B. Course Learning Outcomes:
At the completion of the course, students will be able to:

1. Demonstrate knowledge and understanding of anatomy, physiology of structure and function of the human body including biomechanics through the ability of prescribing appropriate therapeutic activities that target the necessary muscle group for strengthening, postural alignment and promoting appropriate body mechanics and movement. (B.1.1)*

2. Demonstrate knowledge and understanding of the psychosocial aspect of human development throughout the lifespan and appreciation of the role of socio-cultural, socioeconomic, and diversity factors and lifestyle choices of both natural and abnormal psychological conditions in contemporary society through the ability of prescribing age appropriate, developmentally applicable and culturally suitable activities. (B.1.2, B.1.4)*

3. Demonstrate the use of 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 by recognizing potential hazards within the treatment environment and other areas where therapy may be conducted. (B.2.8)*

4. Express and support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the persons cultural, personal, temporal, virtual reality, and environment. (B.2.9)*

5. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed by selecting appropriate environmental modifications, assistive and adaptive devices in order for the client to achieve optimal function and the highest level of independence within the desired environment. (B.2.10)*

6. Gather through a thorough chart review and share data for the purpose of screening and evaluation using methods 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)*

7. Gather and share data for the purpose of evaluating client(s)’ occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation through and efficient and complete evaluation of occupational performance that includes the client’s occupational profile, the client factors, performance patterns and concepts, and performance skills. (B.4.4)*

8. Articulate and distinguish the role of the 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 that process. (B.4.5)*

9. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation by understanding the scope and the areas identified in the OT framework. (B.4.9)*

10. Assist in developing occupation-based intervention plans and strategies and goals 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. Intervention plans, methods, strategies and goals must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. The intervention should address the following components: The development of the client’s Occupational Profile, Client Factors, including values, beliefs, spirituality, body functions and body structures, Performance patterns, context, environment, and Performance skills identified in the OT Practice Framework. (B 5.1)*

11. Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation through a comprehensive and effective treatment plan promoting wellness and optimal function and independence. (B 5.2)*

12. Provide therapeutic use of occupation, exercises, and activities that are occupation-based intervention, purposeful activity, and also apply with preparatory methods. (B 5.3)*

13. Explain and demonstrate effective 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)*

14. Effectively communicate and work inter-professionally with those who provide services to individuals and groups in order to clarify each member’s responsibility in executing an intervention plan. (B 5.21)*

15. Observe in teaching compensatory strategies, such as use of technology and adaptations to the environment that support performance, participation, and well-being. (B 5.24)*

16. Describe the contexts of health care, education, community, and social systems as they relate to the practice of occupational therapy. (B 6.1)*

*represents ACOTE Standards required for accreditation

C. Assessment Instruments

1. Demonstrations
2. Essays & papers
3. Journals
4. Presentations
5. Discussion
6. Case studies
7. Class participation
8. Online Forums
9. Assigned readings
10. Observational opportunities

VII. Grade Determinants
A. Essays and Papers  
B. Case Studies and simulated activities  
C. Return Demonstrations  
D. Class Participation  
E. Presentations  
F. Online Forums

Given the goals and outcomes described above, LIST the primary formats, modes, and methods for teaching and learning that may be used in the course:

A. Lecture/discussion  
B. Small group work  
C. Guest speakers  
D. Student oral presentations  
E. Simulation/repetition  
F. Student collaboration  
G. Independent study  
H. Case studies  
I. Audiovisual (DVD’s), You Tube  
J. Online Forum assignments  
K. Assigned readings  
L. Observational opportunities

VIII. Texts and Materials

A. Required textbooks

Bonder, Bette R. (20??) *Psychopathology and Function 5th Edition*  


B. Supplemental textbooks
*Please note: The course outline is intended only as a guide to course content and resources. Do not purchase textbooks based on this outline. The RVCC Bookstore is the sole resource for the most up-to-date information about textbooks.

IX. Resources

A. Library
B. Computer/computer lab