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Curriculum Development for Occupational Therapy Education: Integrating Collaboration and the Use of Simulation Laboratories

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CURRICULUM DEVELOPMENT FOR OCCUPATIONAL THERAPY EDUCATION: INTEGRATING COLLABORATION AND THE USE OF SIMULATION LABORATORIES

by

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APPROVALS

This Scholarly Project Paper, submitted by Janine Albert and Danielle Nielsen in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisors under whom the work has been done and is hereby approved.

Signature of Faculty Advisor  Date  Signature of Faculty Advisor  Date
PERMISSION

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Curriculum Development for Occupational Therapy Education: Integrating Collaboration and the Use of Simulation Laboratories

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Danielle Nielsen, OTS 2/19/10

Janine Albert, OTS 2/19/10
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ABSTRACT

The Scholarly Project titled Curriculum Development for Occupational Therapy Education: Integrating Collaboration and the Use of Simulation Laboratories by Janine Albert and Danielle Nielsen and advised by Nicole Harris, MOTR/L and Breann Lamborn, MPA was developed to meet the demands of collaborative education in the field of occupational therapy. A literature review was completed to determine the need of collaborative education between Occupational Therapy education and Occupational Therapy Assistant education and the use of simulation laboratories. From the literature review there was a gap found linking the use of simulation laboratories, the occupational therapy process and occupational therapy education. Following the literature review a program was developed creating an opportunity for occupational therapy programs and occupational therapy assistant programs to learn together in a facilitative environment and incorporating the occupational therapy process. The product includes a series of lesson plans to be integrated through both the Casper College OTA program and the UND OT program. The product includes a course syllabus, session outlines, class materials, performance evaluations, assignment rubrics, discussion questions, and a course evaluation form.
CHAPTER I

INTRODUCTION

Occupational therapists are often times faced with the responsibility of supervising an occupational therapy assistant in a clinical setting. This requires a healthy and collaborative working relationship to ensure the best possible care is being delivered to all clientele. While in school, however, occupational therapy and occupational therapy assistant students do not always have the opportunity to collaborate and learn roles. Working together in the classroom would initiate the process of developing a relationship and would further prepare both sets of students for clinical practice. Given the opportunity for collaboration in an educational setting, students would gain an understanding of specific roles of each profession and gain experience in how role delineation would present in practice. Coming together in a simulation laboratory would provide the students with more realistic situations and provide challenges that may surface in a clinical setting.

Research has suggested positive implications that simulation based education has on student competence of material, problem solving, recognition and prevention of errors, and overall student confidence (Konia & Yao, 2013). High fidelity, patient simulation using a mannequin has become increasingly more popular in education with advances in technology. Research in nursing school curriculums has produced statistically significant results in relation to an increase in student knowledge and self-efficacy (Shinnick, Woo, & Evangelista, 2012). The scholarly project developers created a program incorporating occupational therapy and occupational therapy assistant student collaboration, using a high fidelity simulation mannequin in a simulation laboratory. The students will use the occupational therapy process listed in the 2014 edition of the *Occupational Therapy*
*Practice Framework*, developed by the American Occupational Therapy Association, for patient evaluation and intervention development. The program is to be implemented during the second year of each participating program, as a part of an already required course, supplementing the existing material taught on spinal cord injury. A course syllabus, lesson plans, and course materials were created for ease of program implementation.

The Ecology of Human Performance (EHP) is the guide for this program development in combination with Kolb’s Experiential Learning Theory. EHP is designed to focus on an individual’s context as an integral part of shaping both the person and the task performance (Turpin & Iwama, 2011). Providing students with a realistic situation in a context similar to what will be seen in future practice enhances the relationship between the person, context, and task performance. Kolb’s Experiential Learning Theory is based on a four-stage learning cycle including: concrete experience, reflective observation, abstract conceptualization, and active experimentation. Individuals experience learning by moving through each of the cycles. Concrete experiences lead to reflective observation. Once learned, these are transformed into abstract concepts, which leads an individual to actively experiment with the new material. The emphasis on context increasing task performance from EHP in combination with the cyclical nature of learning presented in Kolb’s theory provide a solid theoretical foundation to guide the program (Zigmont, Kappus, & Sudikoff, 2011). The project will be explained more deeply in a thorough literature review and an explanation of the methodology for creation of the product. The product is available for review and a summary is included to outline program limitations and future suggestions.
CHAPTER II
REVIEW OF LITERATURE

Introduction

Simulation based education has been defined as “an instructional medium used for education, assessment, and research, which included several modalities that have in common the reproduction of certain characteristics of the clinical reality” (Chiniara, et al., 2013). Students who participated in research related to simulation-based education have described the learning process to be very successful. Wu and Shea (2009) reported that 100% of respondents value the learning experience from simulation-based education. One student reported, “This is one of the best learning experiences I’ve had to prepare me to be a competent OT.” (Wu & Shea, 2009, p. 2) According to Johnston, Ruppert, and Peloquin (2013) an intervention planning session incorporating occupational therapy (OT) students and occupational therapy assistant (OTA) students’ collaboration produced a positive outcome. Students reported a desire for increased OT and OTA collaboration in the curriculum. The purpose of this literature review is to address professional collaboration between occupational therapy and occupational therapy assistant students within the educational context using simulation based training and education incorporating the occupational therapy process.

Simulation can span from the very basic level of mannequin practice, to assessment tools, to performance regarding board certification (Konia & Yao, 2013). Carry over is important regarding skill development and transitioning to use the skills again in a real life situation or context. Simulation-based education is effective with regard to learning, as the learner has to discover how to be functional in a situation that may arise in his or her
professional career. Hamstra et al. (2014) examined various theoretical backgrounds supporting simulation-based education and found that there are many theories and/or concepts that apply. The applied models/theories that will be used within this scholarly project are the Ecology of Human Performance (EHP) and Kolb’s Experiential Learning Cycle. According to Turpin and Iwama (2011), “EHP emphasizes the environment as the primary context within which performance needs to be understood” (p. 108). This model focuses on the relationship between the person, context, and task and how together they affect performance. The goal of the model is to enhance the relationship between these constructs in order to broaden an individual’s range of performance. The creators of the model believe that context is central to human performance and is an integral part of shaping both the person and the task performance (Turpin & Iwama, 2011). EHP also uses five intervention strategies, which are: establish/restore, alter, adapt, prevent, and create. The EHP model will help guide the development of a simulation-based curriculum for OT and OTA collaboration. Incorporating the model into curriculum development should run smoothly, as it was developed at the University of Kansas to organize the schools occupational therapy curriculum (Dunn, 2007). The simulation laboratory will provide a context that increases the relationship between the students and the required tasks involved in the curriculum.

Kolb’s Experiential Learning Cycle will be applied to the education based simulation process of OT and OTA collaboration using the OT process through concrete experience, leading to reflective observation, to abstract conceptualization, and then active experimentation. Concrete experience includes tangible understandings of where individuals are able to recognize gaps within his or her knowledge base. This allows
individuals to create change even if the learning experience is stressful or challenging. Reflective observation allows for individuals to integrate mental models of learning promoting insightful observation using debriefing as a part of the method. Abstract conceptualization permits the learner to reason through the experience, as well as relate concepts to create new mental models for the individual to use in other contexts. Lastly, active experimentation allows the individual to put his or her new mental model to use, in which practice becomes key to integration into an individual's skill set (Zigmont, Kappus, & Sudikoff, 2011). According to Kolb's Experiential Learning Theory, learning occurs in a cyclical fashion, as does simulation-based learning. Simulation based education encompasses the continual learning process and application of newly learned concepts using the environment and occupation as agents of change.

Simulation based education allows for reproduction of anticipated environments, situations, and components all under some type of supervision for further discussion, also called debriefing. Debriefing allows for collaborations and further discussion regarding the education that takes place, incorporating different views and outcomes for each learning scenario. Simulation based education can be variable, allowing for a wide variety of professions and learning outcomes to be addressed.

**Simulation Laboratory**

Simulation was defined in a variety of modalities by Chiniara et al. (2013) include computer-based simulation, hybrid simulation, procedural simulation, simulated clinical immersion and simulated patient, all of which can show some sort of overlap during simulation based situations. Computer-based simulation focuses on interaction through a screen based module, hybrid simulation uses the combination of two or more simulation
modalities and procedural simulation uses modalities that incorporate training of explicit skills and the associated techniques (Chiniara et al., 2013). Simulated clinical immersion focuses on the environment in which the simulation occurs with emphasis on recreating a clinical experience typically to reinforce training methods. Simulated patient involving a mannequin uses the modalities in which there is an actor or patient simulator playing the role of a patient in order to train and facilitate patient management and the presentation of clinical diagnoses. Clinical immersion and the simulated patient will be used simultaneously as great attention needs to be placed on the environment as well as the patient in order to recreate clinical experiences that are predictable and realistic (Chiniara et al., 2013). Computer based simulation, hybrid simulation, procedural simulation and role-playing are forms of low-fidelity simulation, where simulated clinical immersion and simulated patient using a mannequin are types of high fidelity simulation. For the purpose of this literature review, the focus will remain on simulated clinical immersion and a simulated patient using a mannequin, both of which are high fidelity types of simulation. EHP emphasizes the range of performance between the task, environment and the person, where these two types of simulation-based education will greatly be impacted based on the environment and task at hand. The process of learning role delineations with both the OTA and OTR professions present will allow for a continual learning process using the experiential learning cycle as a collaborative team.

**Simulation-based Education**

Simulation-based education incorporates problem based learning and real life situations to develop specific skills sets in regard to working with patients. Simulation-based education is a way to introduce anticipated challenges that occur with patients in the
medical field, allowing students to experience and problem solving these situations before being in the setting with a human being (Konia & Yao, 2013). Simulation is commonly seen in the form of role-playing, use of mannequins simulating a patient, virtual patients on a computer, or incorporating simulation equipment like driving simulation (Bethea, Castillo, & Harvison, 2014). Common skill sets that are addressed through simulation-based education include gaining a level of competency prior to client interaction, the ability to problem solve, reduction and prevention of errors, as well as practicing and performing tasks (Konia & Yao, 2013).

An integral part of simulation education is the concept of debriefing. Debriefing is “the process in which instructors and learners reexamine the clinical scenario through reflective discussion” (Konia & Yao, 2013, p.76). Looking back at a situation and using discussion and reflection has proven to be effective. It is used in just about every professional setting and is said to be the most important part of simulation experiences for any learner. A study by Scherer, Myers, O’Connor, and Haskins (2013) examining interprofessional learning with a simulation experience, placed nursing and medical students in either a control or experimental group, with 6 students in each group. In the experimental group, three students were active participants while three watched the simulation in an adjoining room via television. Following a debriefing session the roles were reversed. Knowledge and confidence scores were higher in all students in the experimental group (Scherer, Myers, O’Connor, & Haskins, 2013). Not only does simulation education give way to effective and informative feedback through the process of debriefing, but it gives the learner a safe and welcoming environment to practice his or her skills depending on the profession. While specific hands on skills may be the focus of simulation
education, professional and interpersonal skills are also being addressed, as the learner has to practice and think about appropriate social interactions for each situation.

Patient simulation through the use of a mannequin is becoming increasingly more common in nursing school curriculums, however, supporting evidence is still limited. Shinnick, Woo, and Evangelista (2012) conducted a study that focused on patient simulation using a mannequin as an independent predictor of increased knowledge gains and self-efficacy related to heart failure in pre licensure nursing students. Results from the study suggested that students who participated in patient simulation had a higher knowledge base related to heart failure according to a pre and post clinical knowledge test (Shinnick, et al., 2012). Cant and Cooper (2010) completed a systematic review of quantitative evidence for medium to high fidelity patient simulation using mannequin in nursing, compared to other educational strategies. All 12 studies reported statistical improvements in knowledge/skill, critical thinking ability and/or confidence after the simulation education. This study indicates that patient simulation is an effective method of teaching and learning (Cant & Cooper, 2010, pp. 7-8), but Bray, Schwartz, Weeks, and Kardong-Edgren (2009) wanted to investigate how receptive multidisciplinary educators and practitioners are to patient simulation technology through a survey questionnaire. Due to the high expense of simulation mannequins, some healthcare education programs questioned if the outcomes justify the investment. Sixty percent of the survey respondents were university faculty, and the rest were healthcare providers. Seventy-three percent of respondents strongly agreed there was a role for patient simulation technology in healthcare education. According to Bray et al. (2009), “These results suggest potential commonalities between disciplines, programs, and work sites that could serve as the
groundwork for cross-discipline collaboration on the development of patient simulation curricula” (p. e148).

A transition from classroom-based education to more hybrid forms of teaching has made way for major change in occupational therapy education. Within the profession of occupational therapy, teaching usually occurs in lecture format allowing students to ask questions and further discuss the topic of interest. This allows for students to develop a deeper understanding and further integrate the information into knowledge that could be applied during clinical experiences. Relational learning, affective learning and highly contextualized active engagement were the three forms of learning discussed by Schaber (2014), with highly contextualized active engagement being the learning process done through “doing”. Simulation based education is highly surrounded around the act of doing, as this context has evolved into many educational programs as well as professional settings. This type of learning allows for students to gain knowledge from instructors applying the occupational therapy process through real life experiences (Schaber, 2014). These are experiences that OT students are not getting in a traditional lecture format.

Simulation education can and has been beneficial for numerous healthcare education programs, however, there is a slight disconnect in the purpose of the education and tasks associated in the learning processes. When implementing simulation-based education there are many aspects to pay special attention to including the learner, the desired type of learning, the learning objectives, the environment and context, how the learning will apply to real world experiences and the actual features of the simulator (Hamstra et al., 2014). Bethea, Castillo, and Harvison (2014) investigated how many OTR and OTA educational programs are using simulation-based education. Of the 245
respondents to an online survey 71% of programs reported using some form of simulation in the curriculum. The types of simulation that are most frequently used included role play, and video case studies, with the least frequent being computer based simulation (Bethea, Castillo & Harvison, 2014). Through examination of this study and the research base as a whole, there was no evidence of the use of patient simulation using a mannequin and the integration of OTA and OTR collaboration, formulating a gap within the literature.

**Professional Collaboration in the Education Setting**

When working in healthcare, it is common practice to be a member of a healthcare team. Very rarely does a patient see only one healthcare professional. To prepare pre-licensed nursing and medical students for clinical practice Scherer, Myers, O’Connor, and Haskins (2013) conducted a quasi-experimental pre-post design using an experimental and a control group to study the effect of interprofessional compared to intraprofessional simulation on knowledge, confidence, readiness, and attitudes toward interprofessional learning. The study also aimed to assess the students’ attitudes towards working with health care teams, as well as satisfaction with the simulation experience. Knowledge scores improved significantly for both medical and nursing students in the experimental group. Zhang, Thompson, and Miller (2011) conducted a literature review of current research on simulation-based interprofessional education. Of the 25 studies assessed, 12 included professions other than nursing and medical students, for example respiratory therapists, pharmacists, paramedics, operating room technicians, and others. Student perceptions and reactions were high related to interprofessional simulation education, however, the profession of occupational therapy was not represented in the study. According to the authors, “All of the authors reported positive outcomes: students' satisfaction with and
perception of learning, time to complete tasks, and observable target behaviors” (Zhang, Thompson, & Miller, 2011, p. 119). This study suggests the use of simulation-based interprofessional education would be successful for OTA and OTR students as these professions work together in the clinical setting.

While few studies have included occupational therapy students in interprofessional simulation education, Titzer, Swenty, and Hoehn (2012) created a study with nursing students and allied health professional students including occupational therapy. The study assessed students’ perception of simulation as a teaching strategy, the importance of simulation for collaboration and problem solving, and each discipline’s role in healthcare through the use of a high-fidelity patient simulation using a mannequin. Each student was given a profession specific job to do with the patient. The four students had to collaborate and work together to prioritize the order of the interventions for the patient. According to the student surveys following the simulation, the students felt that the simulation provided interdisciplinary teamwork, collaboration, and problem solving opportunities in a clinical setting (Titzer, Swenty, & Hoehn, 2012).

**OT and OTA Collaboration and the Use of Simulation**

An OT will often times work with and oversee at least one OTA. The rules and regulations on the specific number of OTAs an OT can oversee differ in each state. The roles between OTs and OTAs differs in each facility, however, it is a standard rule that OTs are in charge of evaluations, writing goals, and discharging a patient, but OTs and OTAs share intervention planning and implementation (Youngstrom, 2014). OTAs can administer assessments once service competency is established and approved by the supervising OT. Whether an OTA is more independent at one facility than another, it is still important to
develop and maintain a positive working relationship and collaboration skills to ensure a patient is receiving the best care possible. According to the American Occupational Therapy Association (2009):

Occupational therapists and occupational therapy assistants are equally responsible for developing a collaborative plan for supervision. The occupational therapist is ultimately responsible for the implementation of appropriate supervision, but the occupational therapy assistant also has a responsibility to seek and obtain appropriate supervision to ensure proper occupational therapy is being provided (p. S17).

Johnston, Ruppert, and Peloquin (2013) suggested starting this collaborative relationship before licensure. At the University of Texas Medical Branch in Galveston, Texas a low fidelity intervention collaboration activity is built into the curriculum. It is a simulation-based activity using a case study. The OT students read the case study and write the goals for one activity of daily living. The OT student then contacts an assigned OTA student. The students meet and together plan an intervention strategy based on the OT student’s goals. Once the intervention is planned the students must collaborate and work through 10 challenging faculty-generated scenarios that may arise with the group’s patient. Students have rated the activity high in the past, and even have mentioned they wished more OT and OTA collaborative activities were built into the curriculum (Johnston, Ruppert, & Peloquin, 2013). Aspects of the collaborative activities in this low fidelity simulation experience provide important considerations for the proposed high-fidelity curriculum.

Simulation based education is well accepted by OT students as it allows for a safe environment to learn and practice skills, in order to gain expertise with real world
scenarios that can be seen in the clinical setting. It also allows opportunities for teamwork and interdisciplinary collaboration to occur (Wu & Shea, 2009). OT students indicated that the simulation-based education was very valuable, with a 100% response stating that the simulation-based education was effective. There is a desire for continued use of simulation education in professional programs, allowing for interdisciplinary teamwork and learning, and that allows each of the students to participate in post simulation processing and learning for continued growth with his or her professional skills. Carron et al. (2011) determined that simulation based education is a good tool for many different disciplines; from the medical field to the military.

**Occupational therapy process**

The process for occupational therapy service delivery, also known as the OT process as defined in the Occupational Therapy Practice Framework (2014) has three main concepts: evaluation, intervention and targeting of outcomes. To further describe each section of the OT process there are sub constructs within each main construct. Under evaluation there is the occupational profile. This is where a better understanding of the client is gained including patterns of daily living, values, beliefs and individual needs. Under evaluation there is also the construct of analysis of occupational performance. This is where strengths and barriers are assessed through observation during actual performance. This information then guides the next steps of the OT process as the intervention construct houses the intervention plan, implementation and review. The OT creates the intervention plan with input from the OTA. The OT, the OTA, or a combination of the two can then implement the intervention. Review of the intervention will occur throughout the implementation, and adjustments may be made based on progress towards the targeted
outcomes. The final construct of the OT process is targeting of outcomes, where the outcomes are assessed as determinants of achievement, moving towards the discharge of goals and discontinuation of OT services. (American Occupational Therapy Association, 2014, p. S10).

Limitations

Incorporating this program into an OT or OTA program does have its challenges. Some programs are still resistant due to the great expense of purchasing the high fidelity simulation mannequins. There is additional training involved for faculty members responsible for facilitating simulation activities in order to promote best practice and correct use of the mannequins technology. A lack of dedicated trainers and motivated trainees are also a limitation to simulation education in the curriculum (Piquette & LeBlanc, 2015). Scheduling and aligning curriculums between the OT and OTA programs may also be difficult. There are several factors to consider when implementing simulation-based education in the OT and OTA curriculum.

Conclusion

There is an increased need for simulation-based healthcare education, as current evidence has shown positive effects for not only the learner and his or her development of a skill set, but it also through increased patient outcomes in the overall healthcare environment (Konia & Yao, 2013). Studies have shown that simulation-based education is an effective teaching strategy for several different professions including OT. Student perceptions of simulation-based education have shown positive learning experiences resulting in greater outcomes in regard to applied knowledge, including the integration of multiple professions. Research has suggested that collaborative education includes benefits
of team building, communication, collaboration, knowledge, and the ability to effectively use problem solving.

Based on the literature reviewed, there is a gap identified connecting high-fidelity simulation based education and collaborative education between OT and OTA students in the educational setting. A proposed project has been developed from this literature review to apply the OT process using simulation-based education with OT and OTA collaboration to a case study in a high fidelity environment. This project will allow collaborative education and simulation-based education to occur simultaneously. This will allow for more hands on, human patient experience, preparing OT and OTA students for collaboration in clinical practice. Simulation-based education and collaborative education have shown positive implications in the classroom and future practice settings. Connecting these education models while applying the OT process for OT and OTA students will create an overall positive and broad range of knowledge.
CHAPTER III

METHODOLOGY

For the purpose of this scholarly project the activities and methodology are described in detail in throughout the methodology and product chapters. The project developers, Janine Albert and Danielle Nielsen, first performed a review of literature. Following the literature review the project developers were able to determine a gap in the literature which outlines the challenge of connecting high-fidelity simulation based education and collaborative education between occupational therapy (OT) and occupational therapy assistant (OTA) students in the educational setting. The gap in the literature assisted the program developers in determining the need for the creation of curricula integrating OT and OTA programs using a high fidelity simulated environment framed in the OT process. The introduction of The Ecology of Human Performance (EHP) and Kolb’s Experiential Learning Theory were introduced during the literature review to further explain the importance of integrating simulation-based education into collaborative programs. The interactive clinical environment of the simulation laboratory allows for the OT and OTA students to learn and master skills needed to assist in the collaborative nature of the OT process. The simulation laboratory incorporates experiential learning as a way to integrate each individual’s range of performance in preparation for clinical experience creating opportunities for both professions to practice specific tasks outlined within each scope of practice.

The product developers held meetings with faculty members of the OTA program at Casper College and the OT program through the University of North Dakota (UND) at Casper College to gain more information regarding the need and fit of new curriculum
introducing collaboration using the OT process in the simulation laboratory. It was determined that an opportunity exited to create curriculum introducing the collaborative process using the OT process to both programs. The project developers then created a product, which includes a series of lesson plans to be integrated through both the Casper College OTA program and the UND OT program. The product includes a course syllabus, session outlines, class materials, performance evaluations, assignment rubrics, discussion questions, and a course evaluation form. Following completion of the product, the developers continued meeting with faculty from the OTA and OT programs to fine tune the materials created. The developers then outlined the remaining sections of the scholarly project, including the introduction, the methodology and finally the summary discussion. The entirety of the product can be found in the following chapters.
CHAPTER IV

PRODUCT

The final portion of the scholarly project is the product. The product contains a course syllabus, which includes standards, required materials, and expectations for both the UND OT program and the CC OTA program. The product also contains a course preparation for faculty to ensure faculty from both programs are prepared prior to the beginning of the course. In addition, student evaluations and detailed lesson plans including session materials and PowerPoint presentations can be found in the product. The completed product can be found in the appendix of this document.
CHAPTER V

SUMMARY

Limited research has been produced on the collaboration between occupational therapy and occupational therapy assistant programs using simulation, either high or low fidelity. Outcomes of studies that have been conducted, however, have indicated positive results (Johnston, Ruppert, & Peloquin, 2013). Review of available literature suggests the positive implications of simulation-based education. A gap was found in the literature linking occupational therapy and occupational therapy assistant student collaboration and high-fidelity simulation based education.

The product developers created a program incorporating occupational therapy and occupational therapy assistant student collaboration, using a high fidelity simulation mannequin in a simulation laboratory. Students are to use the occupational therapy process listed in the 2014 edition of the *Occupational Therapy Practice Framework* to guide evaluation and intervention planning and implementation. A course syllabus, individual session outlines, class materials, performance evaluations, assignment rubrics, discussion questions, and a course evaluation form were created and are provided in the appendix. The project developers see great potential for implementation of the suggested program. Student reactions have been positive and an increase in knowledge, confidence, problem solving, reduction in errors, and increased self-efficacy have been documented in existing literature (Konia & Yao, 2013; Shinnick, Woo, & Evangelista, 2012; Johnston, Ruppert, & Peloquin, 2013).

While creating this scholarly project the product developers were able to identify a number of possible limitations for implementation of this proposed curriculum. The
financial burden of this proposed project largely includes the significant cost of high-fidelity mannequins. While the expense of the actual mannequin and simulation laboratory technology are high, the cost of training can also be deemed as a limitation. Time and money are factors when training individuals to run the simulation laboratory, including training involved for the course instructors in order to provide quality educational experiences. This has been identified as a limitation for this scholarly project for implementation outside of the Casper College campus, as these resources are already available in the identified location. A limitation that may occur on the Casper College campus is availability of the simulation laboratory, due to the demand of other professions and departments who utilize the laboratory space.

The next limitation that was noted by the project developers was scheduling conflicts between the OT and the OTA programs. This course is to be offered in the second year of both programs, where the academic demands are already high for both programs. Faculty members from both campuses are recommended meet prior to starting the course to ensure a smooth implementation of the course into the identified curriculum of each program. The final limitation that was discussed during development of this scholarly project was the aspect of power dilemmas. As with any other supervisory situation, there is always a possibility that a power dilemma could arise, whether it be between the students or instructors. All power dilemmas should be addressed at the root of origin and the collaborative approach should be used to disseminate any power struggles.

The future of this proposed project could include collaboration between two health profession programs, creating a new and innovative learning experience for future students. This proposed project has a great foundation for creating a quality learning
experiences that will help shape the future practice of occupational therapy students. With that being said, this project is a foundation, with the potential for much to be learned through the process for both the students and the instructors. The instructors will want to alter the course material based on student's perceptions and student feedback of the overall course. This course is designed to supplement the curriculum taught in the second year of both the OT and the OTA programs, where alteration may need to be made to other topics in the course, to allow time for this course to be implemented into the curriculum. Student feedback may also impact how the simulation experiences are delivered, where inclusion of other forms of simulation may be applicable, such as including the use of a simulated patient. Lastly, as described in the program outline, the final session is a course evaluation; in the future a transition to an online survey may be necessary to meet time constraints of implementing the overall course into the curriculum for both programs. Continued research and implementation of mannequins in a simulation laboratory is still needed to analyze the impact and effectiveness of simulation based education and skill development with occupational therapy and occupational therapy assistant students.
**APPENDIX A**

**UND OT/ CC COTA Course Syllabus**

**Collaboration in Simulation Laboratory using the OT Process Syllabus**

**Spring Semester**

**University of North Dakota and Casper College**

**Course Description:** The purpose of this course section is to integrate classroom material presented on physical disabilities in a simulated clinical environment. The course will be taken in conjunction with OT 462 and COTA 2400. The course is designed to facilitate UND OT and CC COTA collaboration in a clinical environment using the OT process adding onto the information presented in the physical dysfunction courses.

**Relationship to the Curriculum Design:** This course will be offered in the spring semester, the second year for both the OT and OTA programs. This course challenges students from both the OT and OTA programs to use the OT process during a simulated experience, facilitating the use of professional roles and responsibilities with collaboration. The purpose of this experience is to integrate lecture material into a clinical based setting. This course will build upon client centered approaches and communication with an emphasis on collaborative teamwork. Students will have the opportunity to evaluate and create goals, plan, implement and review interventions, and assess overall outcomes of a specific patient.

**UND OT:** This course builds upon knowledge and skills developed in previous curriculum material, such as; OT 422 Anatomy for Occupational Therapy, OT 431 Medical Sciences I, OT 432 Medical Sciences II, OT 423 Fundamentals of Neuroscience for Occupational Therapy, and OT 424 Muscle Function in Health and Disease. This course will be taken concurrently with OT 462 Physical Dysfunction Seminar and Practicum Integration.

**CC COTA:** This course builds upon knowledge and skills developed in previous curriculum material, such as; ZOO 2041 Human Anatomy, ZOO 2110 Human Physiology, COTA 2050 Kinesiology, COTA 2200 Therapeutic Approaches I, and COTA 2210 Therapeutic Approaches II. This course will be taken concurrently with COTA 2330 Fieldwork Integration IV and COTA 2220 Therapeutic Approaches III.

**ACOTE 2011 Standards:** The following ACOTE standards are addressed in this course.

**UND OT/ CC COTA:** B.1.7, B.1.8, B.2.2, B.2.6, B.2.7, B.2.8, B.2.10, B.4.1, B.4.2, B.4.3, B.4.4, B.4.5, B.4.6, B.4.7, B.4.8, B.4.10, B.5.1, B.5.2, B.5.3, B.5.6, B.5.7, B.5.8, B.5.12, B.5.14, B.5.18, B.5.19, B.5.20, B.5.23, B.5.28, B.5.29, B.5.31, B.8.2

**Textbooks/Supplies:**
UNOT & CC COTA:
- AOTA Membership

**Location:** Health Science Simulation Center

**Time:** Tuesdays and Thursdays 4–6 PM

**Learning Experiences:** The students will be involved in a variety of learning experiences including assigned readings, discussion, development of goals and interventions, documentation, debriefing, collaboration and the overall simulation experience.

**Achievement Measures:** Student’s achievement will be measured by a student’s performance while in the simulation laboratory and through student participation.

**Grading Criteria for UND OT 462:**
Grades and Percentages:
- 94-100%  A  Marked Excellence
- 86-92%   B  Superior
- 78-85%   C  Average
- <78%     Failure

**Grading Criteria for COTA 2400:**
Grades and Percentages
- 93-100%  A
- 84-92%   B
- 75-83%   C
- <75%     Failure
Course Points:

<table>
<thead>
<tr>
<th>Component</th>
<th>Points</th>
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<tbody>
<tr>
<td>Group Assignments</td>
<td>100</td>
</tr>
<tr>
<td>Performance Evaluations</td>
<td>70</td>
</tr>
<tr>
<td>Class Participation</td>
<td>30</td>
</tr>
<tr>
<td>Self-Reflection</td>
<td>10</td>
</tr>
<tr>
<td>SOAP Notes</td>
<td>20</td>
</tr>
</tbody>
</table>

**TOTAL** 230 Points

Course Objectives:

At the completion of this course, students:

1. Will use and apply the OT process as a guide to providing OT services in a simulated clinical environment.
2. Will effectively communicate and collaborate regarding roles and responsibilities of the OT and OTA students in order to provide best practice.
3. Will engage in debriefing sessions following each learning experience in the simulation laboratory.
4. Will be able to recognize challenges and will develop problem-solving strategies during debriefing sessions.
5. Will apply principles of physical dysfunction in a clinically simulated environment.
6. Will develop entry-level skills on the personal level to operate successfully on an interdisciplinary team.
7. Will operate successfully in a clinically simulated environment.
## Tentative Course Schedule

*Dates are based off the spring of 2017

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Assignment/Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday February 28th</td>
<td><strong>Intro to Course and Simulation Laboratory</strong></td>
<td></td>
</tr>
<tr>
<td>Tuesday March 7th</td>
<td><strong>Occupational Profile &amp; Analysis of Occupational Performance</strong></td>
<td>OTPF, 2014 S13- S14 *Refer to table on S17 **Chart Review In Class <strong>Choose an Assessment</strong></td>
</tr>
<tr>
<td>Thursday March 9th</td>
<td><strong>Evaluation of Occupational Performance</strong></td>
<td>OTPF, 2014 S5-S9, *Refer to table on S17 W&amp;S: Chapter 24 &amp; 25 Look through W&amp;S: Chapters 47-52 based on your client <strong>SOAP Note Due</strong></td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Tuesday March 14th</td>
<td>Intervention Planning</td>
<td>OTPF, 2014 S14-S15, *Refer to table on S17 W&amp;S: Chapter 26 Look through W&amp;S: Chapters 53-58 based on your client <strong>Intervention Plan Due prior to next class session</strong></td>
</tr>
<tr>
<td>Thursday March 16th</td>
<td>Intervention Implementation</td>
<td>OTPF, 2014 S15-S16, *Refer to table on S17 W&amp;S: Chapter 28 &amp; 29 Look through W&amp;S: Chapters 53-58 based on your client <strong>SOAP Note Due</strong></td>
</tr>
<tr>
<td>Tuesday March 21st</td>
<td>Intervention Review &amp; Targeting Outcomes</td>
<td>OTPF, 2014 S15-S17, *Refer to table on S17 <strong>Self Reflection Due</strong></td>
</tr>
<tr>
<td>Thursday March 23rd</td>
<td>Overview of Course</td>
<td><strong>Course Evaluation</strong></td>
</tr>
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</table>
## Lesson 4: Evaluation of Occupational Performance
Instructor Observation Performance Evaluation Rubric

**Names:** ________________ **Client Diagnosis:** ________________

### Assessment: ________________

<table>
<thead>
<tr>
<th>Graded Items:</th>
<th>Points:</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and explanation of occupational therapy</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Introduction of roles and responsibilities</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Explanation of selected assessment</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>OTR student performing correct aspects of the evaluation appropriately</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>OTA student performing correct aspects of the evaluation appropriately</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Appropriate level of communication during assessment with both the client and the students</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Gathered all pertinent information needed within the selected assessment</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Appropriate conclusion of evaluation session from both students</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Answered client questions/concerns throughout the evaluation session</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Documented all information according to the selected assessment</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL POINTS</strong></td>
<td>/35</td>
<td></td>
</tr>
</tbody>
</table>
Lesson 6: Intervention Implementation  
Instructor Observation Performance Evaluation Rubric  
Names: ___________________  Client Diagnosis: _____________  

**Intervention:** ________________________________

<table>
<thead>
<tr>
<th>Graded Items</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and explanation of occupational therapy</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Introduction of roles and responsibilities</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Explanation of selected intervention(s)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>OTR student performing correct aspects of the intervention(s) appropriately</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>OTA student performing correct aspects of the intervention(s) appropriately</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Appropriate level of communication during intervention(s) implementation with both the client and the students</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Gathered all pertinent information needed throughout the intervention(s)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Appropriate conclusion of intervention(s) session from both students</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Answered client questions/concerns throughout the intervention session</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Documented all information of intervention session</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL POINTS</strong></td>
<td>/35</td>
<td></td>
</tr>
</tbody>
</table>
# Self-Reflection Rubric

Name: ___________________  Group Members: ___________________

Client Diagnosis: ____________  Intervention: ________________

<table>
<thead>
<tr>
<th>Graded Items:</th>
<th>Points:</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student discussed positive and negative aspects of the experience</td>
<td>/1</td>
<td></td>
</tr>
<tr>
<td>Student discussed the collaborative process</td>
<td>/1</td>
<td></td>
</tr>
<tr>
<td>Student discussed emotions that were experienced during the intervention session</td>
<td>/2</td>
<td></td>
</tr>
<tr>
<td>Student discussed aspects that he or she could have done better</td>
<td>/2</td>
<td></td>
</tr>
<tr>
<td>Student discussed aspects of change that would be beneficial</td>
<td>/2</td>
<td></td>
</tr>
<tr>
<td>Student discussed how he or she will use this experience to guide future practice</td>
<td>/2</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>/10</td>
<td></td>
</tr>
</tbody>
</table>
### SOAP Note Rubric

**Evaluation Session**

Name: ______________________  Client Diagnosis: ______________________

<table>
<thead>
<tr>
<th>Graded Items</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjective comments are included and specific/pertinent to the client</td>
<td>/2</td>
<td></td>
</tr>
<tr>
<td>Objective information is included</td>
<td>/1</td>
<td></td>
</tr>
<tr>
<td>Clinical findings are reported</td>
<td>/2</td>
<td></td>
</tr>
<tr>
<td>Subjective and objective information are addressed in the assessment and plan</td>
<td>/1</td>
<td></td>
</tr>
<tr>
<td>Discusses information from the assessment in regards to the plan</td>
<td>/2</td>
<td></td>
</tr>
<tr>
<td>Outlines the specific plan including all the steps that will follow</td>
<td>/2</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>/10</td>
<td></td>
</tr>
</tbody>
</table>
**SOAP Note Rubric**

**Intervention Implementation Session**

Name: ______________________  Client Diagnosis: ______________

Intervention: ______________________

<table>
<thead>
<tr>
<th>Graded Items:</th>
<th>Points:</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjective comments are included and specific/pertinent to the client</td>
<td>/2</td>
<td></td>
</tr>
<tr>
<td>Objective information is included; such as client response to the intervention(s)</td>
<td>/1</td>
<td></td>
</tr>
<tr>
<td>Clinical findings are reported</td>
<td>/2</td>
<td></td>
</tr>
<tr>
<td>Subjective and objective information are addressed in the assessment and plan</td>
<td>/1</td>
<td></td>
</tr>
<tr>
<td>Discusses information from the intervention in regards to the plan</td>
<td>/2</td>
<td></td>
</tr>
<tr>
<td>Outlines the specific plan including all the next interventions that will follow</td>
<td>/2</td>
<td></td>
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</table>

**TOTAL**  /10
Course Preparation for Faculty

In order to prepare for the Collaboration in Simulation Laboratory using the Occupational Therapy Process course, offered to both the University of North Dakota occupational therapy (OT) students and the Casper College occupational therapy assistant (OTA) students, faculty members from each program will need to participate in a preparation session. This will be a brief session where faculty of both programs meets together to discuss the process of the course.

Objectives of the meeting:
1. Introduce and discuss the course layout.
2. Establish how many intervention teams there will be.
3. Create OT and OTA intervention teams.
4. Finalize course schedule.

Outline:
1. This course is a piece of the OT 462 Physical Dysfunction Seminar and Practicum Integration and the COTA 2400 Therapeutic Approaches III. For this first year the course will meet eight times. Likely, it will transition into seven sessions with a follow up online survey. After comparing both schedules, it worked best to complete the course in one month, meeting two times each week. Adjustments can be made as long as students from both programs can accommodate schedule changes. During this class students will have the opportunity to establish a relationship with an OT/OTA student along with collaborating with one another to develop and implement an intervention with a human-like patient. These are skills that will be useful, as the two will work together in the clinic, and until this point students have not had any opportunities to work together in the education arena. Students will be split into approximately 5 groups. Groups will be dependent on the number of students this year. Ideally the groups would have a 1:2, OT to OTA ratio. Adjustments can be made as necessary.
2. Expectations of the course:
   a. The first class session will be an introductory session. Students will introduce themselves to the entire group. After, students will break into assigned intervention groups. An icebreaker activity will be completed to help relieve any tension and facilitate the beginning of a relationship between the students. Instructors will go over course syllabus and briefly outline what the students can expect for the course. Lastly, the group will move to the simulation laboratory where David Bodily will take over and go over pertinent information and his expectations in the lab.
   b. The second class, students will be introduced to, or reminded of, the occupational therapy process that occurs on pp. S10 of the Occupational Therapy Practice Framework (OTPF). This process will guide the intervention plan that each group develops, along with each
class meeting. Next, an overview of OT and OTA roles in the workplace will be completed based on assigned readings. Faculty will present in lecture format using PowerPoint materials provided.

- The third session involves introduction to the OT process. Faculty will use a provided PowerPoint to present and discuss the first part of the process, the occupational profile. Students will then complete a chart review activity identifying pertinent information to include in a client's occupational profile.

- The fourth class session, students will be administering a faculty approved assessment to their simulated patient in order to gain an occupational profile. Debriefing to enhance student learning will follow the lab session.

- The fifth session, groups will work together to interpret assessment data and develop goals. Each group will choose one set of goals to use to create an intervention plan that will be implemented in the simulation laboratory.

- The sixth session, students will implement the intervention plan in the simulation laboratory, followed by a debriefing session.

- The seventh session, groups will evaluate the intervention session. Together they will discuss potential outcomes, and how the OT process would be carried out if they had their patient until discharge.

- The last session will be to fill out course evaluations and discuss student and instructors thoughts on the course. This session is necessary for this year, as we pilot the program, but will most likely be eliminated in the future.

3. Now that a brief explanation of the course has been given, intervention teams need to be developed. The groups should attempt to be somewhat balanced, for example placing group members who tend to be more reserved with others that are more outgoing. (Develop teams.)

4. Now that the teams are developed the list will be emailed out to the students, so they have the information before the course starts.

**Conclusion:** This preparation session was set up to provide a basic overview of the course to the faculty before it begins. It gives the instructors an opportunity to have any questions answered in order to help the process of the course implementation run as smoothly as possible. This is an exciting opportunity for both programs, as students will now be able to interact and establish some of the OT and OTA roles before entering the workforce.
Lesson 1: Introduction to Course and Simulation Laboratory

**Purpose:** Introduce the course syllabus, course expectations, and become familiar with the simulation laboratory.

**Goal:** All students will be able to use and reference the course syllabus as needed throughout the course. All students will have an overall understanding of what the course will entail and the components included in the simulation laboratory.

**Objectives:**
1. The students will be able to navigate the course outline in order to be prepared for class each week.
2. The students will be aware of grading criteria for the course.
3. Students will be able to identify 1-2 important components while using the simulation laboratory.
4. Students will ask questions as needed throughout the session, become more aware of expectations and be introduced to the environment of the simulation laboratory.
5. Students will become aware of the simulation laboratory rules and regulations.

**Outline:**
1. Students will introduce themselves including; his or her name, where he or she is from, why he or she chose occupational therapy, and the type of setting he or she wants to work.
2. Overview of the course syllabus as a group.
3. Discuss grading and assignment requirements needed for successful completion of the course.
4. Tour the simulation laboratory to become familiar with the environment.
5. Present important aspects of the simulation laboratory and the use of all the equipment as well as the rules and regulations of use.
6. Discuss expected tasks that will occur throughout the course while in class and in the simulation laboratory.
7. Students will be given the opportunity to ask any clarifying questions.

**Method of Instruction:** Group lecture, discussion and demonstration

**Time Allotted:** 2 hours
Resources:
1. Course Syllabus
2. Simulation Laboratory
3. David Bodily, MS, RN, CHSE, Simulation Laboratory Program Director
4. Copy of the Simulation Laboratory Rules and Regulations

Method of Evaluation:
1. Active student participation
2. Student questions throughout the session

Conclusion: The next time we meet please be prepared with the following materials; The Occupational Therapy Practice Framework and Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services.
Lesson 2: Roles and Responsibilities of OT and OTA Students

**Purpose:** Students should become familiar with OT and OTA roles and responsibilities when working collaboratively in the clinical environment.

**Goal:** The students will be able to perform and discuss the various roles and responsibilities of both an OTA and OT in the clinical environment. Students will have a working definition of the roles and responsibilities held by both the OTA and the OT and the ability to work collaboratively.

**Objectives:**
1. Students will participate in warm up activity; self-portraits and guessing game.
2. Students will then participate in lecture information, asking questions throughout as provoking thoughts come up.
3. Students will be able to outline the major roles and responsibilities of his or her profession (OTA or OT) operates as well as common tasks that his or her profession performs.
4. Students will then role play his or her roles and responsibilities with the other profession, receiving feedback from his or her peers and instructor(s).

**Outline:**
1. Students will be introduced to the icebreaker activity of drawing a self-portrait. Individuals will want to make sure that no one can see what he or she is drawing as the class will have to guess who each other is. The self-portrait can include things that he or she likes to do, things about themselves, what he or she is interested in, and how or where he or she sees self as a future professional.
2. The students will then hand in their self-portraits to the instructor(s) and the instructor(s) will hang all of the portraits at the front of the room. The students will then go around the room one by one guessing whose portrait belongs to who until everyone in the class has been guessed.
3. The instructor(s) will discuss the importance of knowing personal qualities of your co-workers, such as his or her values when working in a collaborative relationship. Knowing these aspects about an individual will lends to a productive and successful partnership when providing services to clients.
4. The instructor(s) will then lecture to the students regarding information regarding roles and responsibilities of an OTA and OT in the clinical setting.
5. The instructors will then provide the students with the case study that will be used throughout the duration of the course. The case study will include needed information to perform individual roles when working with a client.
6. The students will break into their simulation groups as designated by the instructors via email.
7. The students will then be given time to discuss and plan his or her role-playing with their simulation groups.
8. The students will then perform the role-play in front of the class.
9. The students will then participate in a debriefing session with discussion questions facilitated by the instructors discussing what went well and what could have gone better.
10. The students will discuss all aspects of the experience including personal aspects, the tasks that were performed and the environment that it occurred in.

**Method of Instruction:** Lecture, group discussion, role-playing

**Time Allotted:** 2 hours

**Resources:**
- Power Point presentation can be found in the appendices

**Method of Evaluation:**
1. Active student engagement
2. Student questions throughout lecture material
3. Active and successful engagement during role-playing of individual roles
4. Correct roles and responsibilities performed during role-playing

**Conclusion:** Thank you everyone for your active participation and we hope that you now are more aware and feel more comfortable operating within your own roles and responsibilities within the clinical environment. We hope that this class session has opened your eyes to the benefits of a good collaborative relationship when working together for the good of your clients. As well as the benefits of being able to acknowledge and discuss personal traits that are of value. The next session we will be discussing the occupational profile, so please have completed the assigned readings and bring your OTPF to class.
Lesson 3: Occupational Profile and Analysis of Occupational Performance

**Purpose:** Develop an understanding on how to develop an occupational profile. Introduce students to evaluation and assessment information used to gather data. This information is then used to set goals and begin the intervention process.

**Goal:** The students will acquire a plan for developing an occupational profile when the group is in the simulation laboratory. Students from both the OTA and OT programs should become familiar with common assessments used in the physical disability settings, as well as have good working knowledge when using assessments in the clinical environment. The students will be able to identify each other's roles during evaluation and goal setting.

**Objectives:**
1. Introduce the occupational profile and how it fits into the OT process.
2. Explore different ways of gaining an occupational profile.
3. Perform chart review to gain the occupational profile information.
4. Identify a formal assessment that will be useful in gaining an occupational profile.
5. The students will be able to decide which form of information gathering will meet personal and client needs.
6. The students will be able to identify common assessments used in physical disability environments.
7. Students will be able to discuss the practice guidelines for each profession (OTA and OT) regarding evaluation.

**Outline:**
1. A lecture will be completed to review the occupational profile, how it fits into the OT process, and why it is necessary within occupational therapy practice. The lecture will include different ways to obtain an occupational profile, including chart review, skilled observation, informal interview/conversation, and formal assessment. Assessments will be introduced to the students following the lecture.
2. Following the PowerPoint presentation students will break into their simulation groups. They will be given a patient chart to review. 10 to 15 minutes will be provided for groups to gather pertinent information from the chart that would be useful in an occupational profile. Groups will then share the results with the entire class.

**Method of Instruction:** Lecture, self-instruction and group discussion.
**Time Allotted:** 2 hours
Resources:

- Occupational Therapy Practice Framework
- Power Point presentation can be found in the appendices

Method of Evaluation:

1. Active student engagement
2. Student questions throughout lecture material
3. Active and successful engagement during class activity
4. Correct roles and responsibilities identified and performed.

Homework: As a group, decide on an assessment that will be used to gather an occupational profile. Email your decision to the instructor to gain approval, before moving on. Once approval has been made, become familiar with the assessment in order to administer it. Make sure that tasks are outlined for all students to perform during the evaluation session. As both the OT and OTA students will be administering the assessments together during the next class session.
Lesson 4: Evaluation of Occupational Performance

**Purpose:** To perform chosen evaluation and assessment tools in the simulation laboratory on the mannequin as a partnership/group. Participate in effective and client centered goal setting.

**Goal:** The OTA and the OT students will successfully administer selected assessment tools on a mannequin in the simulation laboratory as a collaborative process. The OTA and the OT will both perform his or her roles accordingly, participating where he or she is of assistance.

**Objectives:**
1. The OTA and OT students will be able to successfully administer the selected assessment in the simulation laboratory.
2. The students will be able to gather all needed information pertinent to the specific assessment that they have chosen as well as gather an occupational profile.
3. The students will be able to perform their roles successfully, both contributing to the evaluation process.
4. The students will be able to write a SOAP note following the evaluation session.
5. The students will increase learning through a debriefing session.

**Outline:**
1. The students will have already discussed the assessment choice with their simulation groups that they will be performing, and will have already emailed the instructor(s) to gain approval.
2. Before the students enter the simulation laboratory, a 20-minute group preparation discussion will be given to the students to determine the roles and responsibilities of the OTA and the OT students during the assessment. Both students will be administering the assessments, therefore dividing up what each individual is responsible for during the evaluation will need to be planned prior.
3. The students will then perform the assessment on the mannequin in the simulation laboratory, gathering all needed information from the assessment as well as developing an occupational profile.
4. The students will conclude the evaluation session with the mannequin (client) appropriately.
5. The students will be given a brief amount of time to write a SOAP note regarding the evaluation session. (Approximately 15 minutes)
6. The students will then participate in a debriefing session regarding strengths and challenges that were experienced during the evaluation simulation. Suggestions for change will also be discussed as to how things could have been more successful. The
students will also discuss his or her thoughts on the role performance of each student during the evaluation and goal setting process. The students will be able to discuss what is needed for successful collaborative relationships between and OTA and OT, by broadening his or her performance. The students will be able to discuss aspects of the experience including personal aspects that played into the experience, the environment and the tasks that each profession performed.

**Method of Instruction:** Simulation, role playing and group discussion.

**Time Allotted:** 2 hours

**Resources:**
- Occupational Therapy Practice Framework
- Selected assessment materials including: any handbooks, assessment forms, summary forms, chart information and recording materials
- Debriefing questions can be found in the appendices

**Method of Evaluation:**
1. Student performance evaluations
2. Participation in debriefing sessions
3. SOAP Note

**Conclusion:** Today you were able to perform selected assessments in a collaborative manner. You were able to become more familiar with the assessment tools as well as further integrate the roles of OTA’s and OT’s in a clinically simulated environment. The next session will be focused on goal setting and intervention planning, so please be prepared to analyze the assessment data that was gathered today and assist in creating occupation based and client centered interventions. Please bring any materials that will assist you in this process such as the assessment manuals and intervention books from previous courses.
Lesson 5: Intervention Planning

Purpose: Use assessment data from previous class session to develop an intervention plan.

Goal: Develop an intervention plan that will be used on simulated patient in the simulated clinical environment.

Objectives:
1. Interpret assessment data
2. Develop long term and short term goals
3. Create one intervention plan
4. Determine what OT and OTA roles and responsibilities are during intervention implementation

Outline:
1. The students will break into their simulation partners/groups. Together they will discuss the assessment data that was gathered during the previous class session.
2. Based off of the assessment data the students will develop 3 long-term goals along with 2 short-term goals for each long term. Students will have the instructor(s) look over goals before moving on.
3. Together the team will choose one set of goals to develop a single intervention plan.
4. Each team will develop an intervention plan that can be implemented during simulation lab for the next class period. It is important for the students to know each of their roles and responsibilities prior to the actual intervention implementation, as they will want to be organized and prepared for the session.

Method of Instruction: Group discussion and self-instruction
Time Allocated: 2 hours

Resources:
• Results from assessment
• Occupational Therapy Practice Framework
• Any additional textbooks that will aid in development of intervention plan

Method of Evaluation:
1. Student’s ability to develop appropriate and realistic goals.
2. Student’s ability to create an intervention plan to be implemented next week.
3. OT and OTA roles apparent in the intervention plan.
**Conclusion:** Today you worked together to interpret the data from the assessment you implemented last week on your client. You then formulated goals and decided on one intervention you would like to plan and implement next week. Through this activity you were able to work together and decide different roles between the OT and OTA student. You were given time to plan out how you would address the client together as a team. Hopefully this activity gave you a glimpse into what it would be like to plan intervention sessions together in the clinical environment.

**Homework:** Be sure that your intervention plan is complete and ready to be implemented at the beginning of class next week. Be sure to outline what each individual is responsible for during the implementation session. Once your intervention plan is complete, it will be sent to the instructor(s) to gain approval prior to the next session.
Lesson 6: Intervention Implementation

**Purpose:** Students will implement their designed interventions in the simulated clinical environment while working together collaboratively.

**Goal:** The students will implement the interventions that their simulation groups/partners have designed for the mannequin (client). The students will integrate the information that has been presented in the course so far into the simulated environment.

**Objectives:**
1. The students will be able to successfully implement their selected interventions in the simulation laboratory.
2. The students will be able to gather pertinent information throughout the session and adapt accordingly.
3. The students will remain client centered and task centered during their treatment session.
4. The students will be able to perform their roles successfully, contributing to the intervention process.
5. The students will be able to write a SOAP note following the intervention session.
6. The students will increase learning through a debriefing session.

**Outline:**
1. The students will have already discussed with their simulation groups/partners as to which intervention they will be performing, and will have already emailed the instructor(s) the plan with approval.
2. Before the students enter the simulation laboratory, the students will participate in a 20-minute group preparation session to determine the roles and responsibilities of the OTA and the OT students during the intervention implementation. Both students will be performing the interventions, therefore dividing up what each individual is responsible for during the treatment session will need to be planned prior.
3. The students will then perform the intervention implementation on the mannequin in the simulation laboratory.
4. The students will be able to conclude the treatment session with the mannequin (client) appropriately.
5. The students will be given a brief amount of time to write a SOAP note regarding the intervention session. (Approximately 15 minutes)
7. The students will then participate in a debriefing session regarding strengths and challenges that were experienced during the intervention implementation simulation. This will give the group the opportunity to suggest potential changes or
offer ideas that may have made the experience more successful regarding all aspects of the experience; personal attributes, the environment and the tasks that were performed by each student. The students will also discuss his or her thoughts on the role performance of each student during the treatment session process. The students will be able to discuss what is needed for successful collaborative relationships between OTA and OT students during treatment sessions. Students will be required to complete an online survey that David Bodily, the Casper College Health Science Simulation Program Director, created for data collection in the simulation laboratory.

**Method of Instruction:** Simulation, role playing and group discussion.

**Time Allotted:** 2 hours

**Resources:**
- Bring your assessment data, goals and intervention plans to the lab session in order to reference the documents as needed during the planning session, during the treatment session and during the debriefing session.

**Method of Evaluation:**
1. Student performance evaluations
2. Participation in debriefing session
3. Student reflection
4. SOAP Note

**Conclusion:** Today you were able to implement the intervention plan that your simulation groups/partners prepared for your clients. You were able to experience the process that occurs during a treatment session with a simulated patient in a simulated environment. This experience hopefully opened your eyes as to how dynamic the treatment process can be when working with the client and your colleagues. During the debriefing session, we were able to discuss the strengths and challenges that everyone in the class experienced. Being aware of these challenges will better prepare you for the clinical experience. Thank you all for being active member and next class will focus on reviewing and adapting your intervention plans based on your experiences from today. Please bring your intervention plans to the next class session so that you have something to refer to.

**Homework:** Please write a short reflection paper on how today’s class session went for you. Include any feelings, emotions, frustrations and suggestions that you thought of during your experience today. Please bring this to the next class session.
Lesson 7: Intervention Review and Targeting Outcomes

Purpose: Evaluate and discuss the intervention implementation process. Discuss future invention sessions and discharge information.

Goal: Share interventions with peers and develop a basic understanding of how interventions will be carried out in subsequent sessions.

Objectives:
1. The students will discuss with their intervention groups of what went well and what you would have changed.
2. The students will develop a brief overview of subsequent intervention sessions and a basic understanding of your target outcomes with the patient including possible discharge and or transfer information.
3. The students will share their experiences with the intervention processes and implementations with the whole group.
4. Students will gain feedback from other students in the class.
5. Students will develop different ideas and possibilities through classmates about interventions that could be implemented with the patient next.

Outline:
1. Students will break into intervention groups and discuss the process. Each group will be asked to explain the intervention that they performed to the class.
2. They will also be asked to generate a list of what went well during the intervention process and what could be changed. Students will also develop a basic overview of subsequent intervention sessions and discuss the target outcomes with the specific patient including possible discharge and or transfer information.
3. Students will take turns presenting to the class.
4. The floor will be opened up for any feedback from peers or instructors to each group.
5. The process will be repeated until all groups have shared.

Method of Instruction: Group Discussion
Time Allotted: 2 hours

Resources:
- All materials from previous class session that were used during the intervention implementation
- Debriefing questions can be found in the appendices
Method of Evaluation:
1. Student understanding of intervention process and recognizing what went well and what could have been changed.
2. Students will have a basic understanding of how subsequent intervention sessions will go along with the overall target outcomes for the patient.
3. Student participation in giving/receiving feedback.

Conclusion: Today you were able to discuss with your group/partners how your intervention implementation process went. You were challenged to think about subsequent intervention sessions and how each would occur. You were only able to see your patient a couple of times, but you also developed targeted outcomes for your patient. You worked together and further developed your collaborative relationship between OT and OTA students. You were able to gain additional intervention ideas through your classmates and give and receive feedback.
Lesson 8: Overview of the Course

**For the purpose of the pilot course, lesson 8 will be done as an in class session to elicit discussion and feedback from the students in order to make adjustments to the course as needed. For the purpose of incorporating this course into the physical dysfunction curriculum adaptations can be made following the pilot course. Adaptations may include transitioning this final lesson to an online evaluation and or discussion forum to gain feedback regarding the overall student experiences of the course.**

**Purpose:** To discuss the overall experience of the course and the processes that occurred during class sessions. The students will be able to openly discuss strengths and challenges of the course and the learning experiences that occurred.

**Goal:** To discuss the overall experience of the simulation based education provided in this course and to evaluate and discuss possible changes for future learning and growth.

**Objectives:**
1. The students will participate in a discussion group facilitated by the instructor(s) based on student experiences and perceptions of experiences gained during the course.
2. The students will fill out an evaluation form of the overall course, the material covered and the instructor(s) methods.
3. The students will be able to reflect during the evaluation as well as discuss his or her responses during class.
4. The students will be able to discuss what they saw as strengths and challenges that he or she experienced during this course.
5. The students will be able to discuss any suggestions to the overall course and experience of the simulation-based education.

**Outline:**
1. Large group will meet and discuss overall experiences of the simulation-based education that occurred throughout the course of the class.
2. Large group will discuss strengths and challenges of the course and/or the personal learning experiences.
3. Each small group will then share main points of each discussion to summarize the overall experiences of the class as a whole.
4. Group will then discuss possibilities for suggestions of the course that could enhance the learning process as a student.
5. Each student will then be given a class evaluation form as part of the exit from the course.
6. Students will complete the evaluation form regarding the course itself, the materials presented throughout the course and the facilitation from the instructor(s). Students will be given the opportunity to give suggestions on the evaluation form.

7. Students will exit the class, as they complete the evaluation form.

Method of Instruction: Group discussion
Time Allotted: 2 hours

Resources:
- Any materials that the students would like to bring for further discussion
- Course Evaluation Form can be found in the appendices

Method of Evaluation:
1. Completion of Course Evaluation Form
2. Class participation
APPENDIX B

LESSON MATERIALS

Lesson 2: Roles and Responsibilities of OT and OTA Students

Roles and Responsibilities Of OT and OTA Students

University of North Dakota

Department of Occupational Therapy
Purpose

- For all students to become familiar with OTA and OTR roles and responsibilities when working collaboratively in the clinical setting.

Goal

- Students will be able to perform and discuss the various roles and responsibilities of both OTA’s and OTR’s in the clinical setting. Students will develop a working definition of the roles and responsibilities held by both the OTA and the OTR and the ability to work collaboratively.
Objectives

- Participate in ice-breaker activity
- Outline the major roles and responsibilities within each profession (OTA & OTR)
- Participate in case study using simulation laboratory groups
- Participate in role play using major roles and responsibilities using simulation laboratory groups
- Participate in debriefing session

Ice-Breaker

- Self-Portrait
Supervision

- Is a process to assist in effective delivery of skilled occupational therapy (OT) services.
- Creates an avenue for professional competence and development for all parties involved.
- Is a collaborative and mutual process in which two or more individuals strive for the establishment, maintenance and increased level of competence with regards to performance.

AOTA, 2014

Close Supervision

- Daily direct contact at the place of work.

AOTA, 2014
Routine Supervision

- Direct contact at least every two weeks while on site at work.
- Supervision occurring intermittently through other methods such as telephone and electronic or written communication.

AOTA, 2014

General Supervision

Contact at least once a month with intermittent contact through other means.

AOTA, 2014
Occupational Therapists

- Gain certification from NBCOT
- State licensure
- Autonomous Practitioners
- Deliver services independently

AOTA, 2014

Occupational Therapy Assistants

- Certification from NBCOT
- State regulatory requirements
- Must receive supervision from an OT

AOTA, 2014
The OTR:

- Evaluates the client
- Develops the intervention plan
- Assigns treatment duties
- Monitor's the OTA's performance
- Accepts professional responsibility for the OTA's performance
- Shares duties of the intervention plan throughout treatment
- Updates goals
- Discharges services
- Documents all aspects of the treatment plan

AOTA, 2014

The OTA:

- Delivers OT services through interventions under the supervision of the OT
- Performs the selected responsibilities
- Documents intervention sessions and specific techniques and assessments

AOTA, 2014
Supervision includes:

- Communication between the OTR and OTA regarding results of evaluation, goal setting, and intervention plan
- Providing guidance and assistance as needed
- Performing performance evaluations between the OTR and OTA (at least annually)
- Assess and determine competencies regarding administration of standardized assessments

AOTA, 2014

The OT Process

- Evaluation
- Intervention Planning
- Intervention Implementation
- Intervention Review
- Targeting and Evaluation Outcomes

AOTA, 2014
Evaluation

OT directs the initial evaluation session:
- Determines the need for service
- Determines problem areas
- Determines goals and client priorities
- Determines intervention priorities
- Selects augmentative assessments
- Interprets the data

OTA contributes to the evaluation session:
- Implementing delegated tasks
- Provides verbal and written observations

AOTA, 2014

Intervention Planning

OT is responsible for the overall intervention planning process.
- Collaborates with the OTA to develop the intervention plan.

OTA is responsible for assisting in the intervention planning through collaboration.
- Needs to recognize and understand evaluation data.
- Provide input to assist development of intervention plan regarding the client’s needs and priorities.

AOTA, 2014
## Intervention Implementation

- OT has overall responsibility for services
  - Delegates tasks of intervention plan to the OTA
  - Must provide appropriate supervision
  - Selects, implements and modifies interventions using a variety of approaches

- OTA provides interventions
  - Must be knowledgeable regarding the client’s goals.
  - Collaborates with the OT when implementing, modifying and selecting specific interventions.
  - Shows competencies regarding different approaches (i.e. client education, group interventions, preparatory methods)

AOTA, 2014

## Intervention Review

- OT determines the need for continuation of services, modification to the intervention plan or discharge from services.

- OTA collaborates with the OT by providing pertinent information through verbal and written communication using client response’s to support information.

AOTA, 2014
Targeting and Evaluating Outcomes

- OT is responsible for choosing evaluations, interpreting the data and measuring outcomes that are needed to engage in the client’s desired occupations.

- OTA must be knowledgeable regarding the client’s desired occupational outcomes.
  - Be able to provide the client with the needed information to achieve the goals.
  - Must also provide efficient documentation.
  - Can implement outcome measures if competency is proven.
  - Provide discharge resources as needed.

AOTA, 2014

Case Study & Role Play

- Harris: Spinal Cord Injury at T3. Complete

- Pg. 59 in Case Studies through the Healthcare Continuum: A Workbook for the Occupational Therapy Student

Halloran & Lowenstein, 2000
Debriefing

- Discussion questions:
  - What went well during your case study role play?
  - What was challenging? Why?
  - Were you able to work through these challenges? How so?
  - What other resources might you need to be successful in a situation similar to this?
  - How would you implement this type of collaboration in the clinical setting?
  - Based on your partnerships/groups what would you need from each other to be successful and therapeutic to your clients?
  - What changes might you make after participating in this case study role play?
References


Lesson 3: Occupational Profile and Analysis of Occupational Performance

Developing an Occupational Profile

University of North Dakota
Department of Occupational Therapy
Purpose

- Students to gain an understanding on how to develop an occupational profile in various formats.

Goal

- Students will recognize the importance of developing an occupational profile and understand how it fits into the occupational therapy process written in the framework.
- Students will develop a plan to gain an occupational profile with their simulated patient.
Objectives

- Understand what the occupational profile is.
- Recognize the importance of the occupational profile.
- Demonstrate the ability to gain occupational profile information from a chart review.
- Discover assessments useful in gaining an occupational profile.

What is an Occupational Profile?

- The first step in the Occupational Therapy (OT) Process
- Provides information on the client’s:
  - Occupational history
  - Experiences
  - Patterns of daily living
  - Interests
  - Values
  - Needs

AGTA (2014)
What is an Occupational Profile Continued...

- Other useful information gained by the therapist:
  - Understand why the client is receiving OT services.
  - Client strengths and areas of concern
  - Areas of occupational disruption
  - Client supports and barriers
  - Client priorities and goals.

AOTA (2014)

Why is it important?

- Why do you think we place such a high emphasis on gaining an occupational profile?
Why is it important?

- How do you think this will help your group when working with your simulated patient?

How to gain an occupational profile.

- Skilled Observation
- Informal Interview
- Chart Review
- Assessment
Assessments

- Objective info vs. subjective

- Assessment Examples:
  - Occupational Self Assessment (OSA)
    - Client self-report
  - Assessment of Motor and Process Skills (AMPS)
    - Observation
  - Occupational Performance History Interview-II (OPHI-II)
    - Interview

Activity

Chart Review
Class Discussion

- Please share important information about your client, that you found in the chart.
- What are the positive implications to using chart review?
- What are the negative implications to using chart review?
- Would you utilize chart review?
- What would you do differently?

Application

- In your groups pick an assessment that you will use next class session with your patient.
- The assessment needs to be approved by the instructor.
References

Lesson 4: Evaluation of Occupational Performance
Debriefing Session

Discussion Questions:
• What are your initial thoughts after completing the evaluation session in the simulation laboratory?
• Did your group feel prepared before entering the simulation laboratory?
• Did your plan change once you began the assessment in the simulation laboratory? Explain.
• What went well during the evaluation session? What challenged your group?
• Do you feel that you were able to operate within your profession’s roles and responsibilities? Why or why not?
• Do you think that your teamwork was effective during the evaluation session? How could it have been improved?
• Do you think that you were able to gather all the information that you needed during the session? What else might you need? How would you gather this information?
• Do you think that it was helpful having both professions in the room during the evaluation session? Why or why not? What was beneficial? What was challenging?
• Do you think that the assessment that your group selected was appropriate for your client? Why or why not?
• Do you think that your group communicated effectively during the evaluation?
• Did you feel any sense of a power struggle during the evaluation session? If so, how did this make you feel?
• How might you address a power struggle between the professions during the evaluation session?
• Do you think that you were able to explain your roles clearly enough that the client could understand what each of individual was doing as a part of the evaluation session?
• Are there any other things that came up during the evaluation session that you think needs to be addressed and or discussed?
• Overall, did you enjoy the evaluation session in the simulation laboratory? Why or why not?
• What could have made this experience more enjoyable for all involved?
Lesson 6: Intervention Implementation
Debriefing Session

Discussion Questions:
• What were your initial thoughts and or responses after participating in the intervention implementation session in the simulation laboratory?
• Do you feel that your group was prepared?
• Do you feel that your group selected the correct/appropriate intervention(s)?
• Do you feel that you were able to operate within your professions designated role during the intervention session? Explain.
• Do you feel that you performed your part of the intervention session successfully? How could it have gone better?
• Were you able to gather all the information that you needed during the intervention session? How did you gather this information?
• Was your intervention(s) occupation based? Client-centered? How so?
• How could you have made the session more occupation-based or client-centered?
• Did you receive feedback from your client that proved effectiveness of the selected intervention(s)?
• How and when did you/your group make adaptations during the intervention session?
• Do you feel that you were therapeutic during the intervention session? Why or why not?
• How could you have adapted the intervention session to be more therapeutic?
• What were the major challenges that you experienced during the intervention session?
• What were the major strengths that you experienced?
• Do you feel that you were successful in your role during the intervention session? Why or why not?
• How was the aspect of collaboration addressed before, during and after the intervention session?
• Do you feel that your colleague held his or her own during the intervention session? How so?
• What other resources might you need to be successful in a situation similar to this when in the clinical setting?
• Are there any other questions or concerns that you would like to address?
• Overall, do you feel that the intervention session was effective and met your learning needs? Why or why not?
• What could have been changed to make this lesson more beneficial to your learning needs?
Lesson 8: Overview of the Course
Course Evaluation

Please read all of the questions and answer them to the best of your ability based on your experiences during the course; Collaboration in Simulation Laboratory using the OT Process.

Your overall experience of this course was:

- Negative
- Somewhat negative
- Neutral
- Positive
- Very Positive

Please share positive aspects of this course:
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Please share negative aspects of this course:
_________________________________________________________________________________________________________
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Please share aspects of this course that assisted to your learning:
_________________________________________________________________________________________________________
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Please use the below scale to answer the following questions and fill in the bubble that best matches:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The instructor(s) followed the course syllabus accordingly</td>
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<tr>
<td>The instructor(s) communicated course and lessons clearly</td>
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<td>The instructor(s) explained concepts and information effectively</td>
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<tr>
<td>The instructor(s) provided timely and effective feedback</td>
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<tr>
<td>The instructor(s) used readings, materials and textbooks effectively</td>
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<tr>
<td>The instructor(s) responded to student questions thoroughly</td>
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<td>The instructor(s) graded fairly regarding objectives of the course</td>
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<td>The course was organized clearly</td>
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<td>The course aided to my learning needs</td>
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<td>The material in the course was useful to future practice</td>
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<td>The workload of the course was applicable</td>
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<td>The course allowed me to practice roles and responsibilities that I will use one day in clinical practice</td>
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<td>The lab sessions were effective in aiding my learning</td>
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<td>I felt that I worked well with my partner/group</td>
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<tr>
<td>I felt comfortable enough to give feedback to my partner/group members</td>
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<tr>
<td>I received effective and useful feedback from my peers</td>
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</tbody>
</table>
I learned the OT process during this course | | | | | |
---|---|---|---|---|---|
I feel that I will be able to perform as an active team member in the clinical environment | | | | | |
The content was interesting | | | | | |
I did the best I could throughout the progression of this course | | | | | |
This course has aided to the overall learning of my profession | | | | | |
This course has helped me better learn the OT profession’s roles and responsibilities | | | | | |
This course has helped me better learn the OTA profession’s roles and responsibilities | | | | | |
Overall I am glad I took this course | | | | | |

**Please share any suggestions for the instructor(s):**
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

**Please share any suggestions for the overall course:**
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
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