OTI 220
Pediatric and Adolescent Practice

Course Syllabus
Fall Semester 2021

Clinical Instructor:
Missouri Health Professions Consortium
Occupational Therapy Assistant Program
Pediatric and Adolescent Practice
4 Credit Hours

CLASS MEETINGS:
Monday live lecture/class, 3:30pm – 4:50pm
Thursday lecture, 2:30pm – 3:50pm
Wednesday lab, 1:00pm to 4:00pm
Fieldwork, Fridays 10:00 am – 12:00 see schedule

INSTRUCTOR:
Phone:
Email:

*Every effort will be made to answer student emails within 24 hours when emails are sent between 8am and 5pm Monday through Friday. Emails sent on Fridays, after 5pm on weekdays, or on the weekend will be addressed the next business day.

MISSION OF MHPC OTA PROGRAM:
The mission of the Missouri Health Professions Consortium (MHPC) Occupational Therapy Assistant Program is to educate and prepare occupational therapy assistants to provide occupational therapy interventions to the citizens of Missouri and neighboring states, especially those in rural and underserved areas. We educate and prepare generalists, to have the knowledge, skills and professional behaviors that are necessary to work in both traditional and emerging areas of practice.

COURSE DESCRIPTION:
Treatment of pediatric and adolescent conditions. Normal and delayed development of the infant, child and adolescent are explored. The lab component incorporates theoretical principles and provides opportunities for students to develop assessment, intervention planning and implementation, and documentation skills to address a range of childhood sensory-motor, cognitive, and psychosocial performance deficits. Students will learn to adapt the environment, tools, materials, and occupations to meet the self-care, work/play, and leisure needs of the pediatric and adolescent population. Lab activities, site visits and Level I fieldwork opportunities will enable students to participate in and apply pediatric and adolescent treatment principles to practice.

Relationship to Curriculum Philosophy and Design:
Through a pediatric fieldwork placement within their community, students will learn what services are available to pediatric and adolescent clients in their areas as well as what areas of need still need to be served. Students will learn to work with the whole child, physical, mental, and spiritual, as
well as their family or caregivers. Students will be encouraged to advocate for and locate services for pediatric and adolescent clients and their families or caregivers within their communities. Students will learn how to locate and provide evidence-based treatments to provide the most effective interventions available in their area. Through utilization of distance education, and various other online tools, students will improve their familiarity with available online materials and be able to determine the value of the materials. The easy access to online information will foster a pattern of lifelong learning, where the students will have ongoing access to current information and the most recent evidence-based treatments available.

**PREREQUISITES:**
- Admission to the MHPC OTA Program
- Successful completion of required pre-requisite courses, grade of “C” or better
- Minimum cumulative GPA of 2.5

**Required textbook(s):**


**Recommended (NOT required) textbook:**


**Use of Technology in this Course:**
- Students will receive a minimum of one lecture per week utilizing various online tools, including but not limited to VoiceThread, and Google. High-speed internet connection is strongly recommended for the successful use of online learning tools.
- Meetings with instructor may occur using technology such as Google hangout, FaceTime, or Skype.
- Students are encouraged to utilize technology for relevant information and support during class and lab discussions.
- Students will need to utilize and be familiar with Canvas in order to successfully gather class materials.
- Students will be given exams online, through Canvas.
- Students will be asked to submit assignments through Canvas.
- Students will be encouraged to use various online tools for learning, including but not limited to Google Docs and Poll Everywhere.

**EMERGENCY PROCEDURES:**
Each student needs to be aware of the specific emergency procedures at their home campus. This includes location of emergency procedures and first aid kit(s). The on-site coordinator will review the specifics at the beginning of the first lab of the semester.
STUDENT EXPECTATIONS:

- Students will bring a laptop or tablet to each class and lab.
- Attendance and class participation is expected in each class. Students are encouraged to ask questions, make relevant contributions, and clarify issues as needed. If a student is not able to attend class and/or lab, they need to contact the course instructor by email prior to the absence. It is the student's responsibility to ensure acquisition of all materials and content of any missed classes.
- While class participation is expected, at all times students will be respectful in their language choice. This includes but is not limited to the following:
  - The use of person first language. This means putting the person first. Example of person first language: “I am going to be working with a 4 year old boy who has autism.” Example of non-person first language: “I am working with an autistic 4 year old.” Or “He is autistic.”
  - Never, ever use the “r-word” in a derogatory manner. This means never say that something is “retarded” when you are frustrated, or say that someone is “retarded” when they are acting silly or make a mistake. I will personally not tolerate this in my presence and you will be asked to leave my class for the remainder of the time. In addition, before you may return to my class, you will have to make a public apology to all in attendance, as well as write a personal letter of apology to the course instructor, and provide a list of adjectives that would better describe the emotions that you were experiencing in that moment. And no…I am not kidding.
- Students are expected to turn in assignments on or before the due date. No exceptions. No extensions.
- Students MUST BE PRESENT in class to complete and turn in in-class assignments for points. If the student is absent without medical documentation provided, or if the student has exceeded their excused absences allowed, the student will NOT be able to make up missed in-class assignments for course credit. The student will receive a score of “0” on in-class assignments missed.
- Examinations (i.e. midterm, final exam) are due by or before the due date/time with no acceptance of a late examination. Professional behavior is essential and expected at all times.
- Cell phones are to be turned off or on vibrate/silent and laptops are to be used for class purposes only, unless noted otherwise by the instructor.
- Students may not access any social networking sites while in class or lab (i.e., Facebook, Twitter, etc.) unless it is part of course instruction.
- If student is having difficulty with writing, they are STRONGLY encouraged to utilize the writing labs and/or tutoring services available on their home campus.
- Regarding role plays and checkouts:
  - Students scoring below 70%, will be required to complete remediation in written form, emailed to the course instructor within five days of notification of failure by 9am. Only 50% of the total points will be available to the student during remediation.
  - If a student is unable to pass the remediation, a learning contract will be developed and the student will be placed on academic probation.
- NOTES ON FIELDWORK:
Students must successfully complete and pass the fieldwork portion of this course. If a student does not successfully complete or pass the fieldwork portion of this course, they will fail the course, which will result in dismissal from the OTA program.

Students MUST have a current (and negative) TB test to be able to attend Level I fieldwork (FW) rotations. Proof of a negative TB test MUST be turned in to course instructor no later than the due date indicated on the syllabus. It is HIGHLY recommended that students complete their TB test in late December or early January. This way, the TB test will be valid through Level II rotations.

If a student’s TB test expires during the Level I FW rotation, it is the student’s responsibility to get another TB test and turn in the results to course instructor.

If a student lets their TB test expire and does NOT provide the course instructor with a new TB test result, the student will NOT be allowed to attend FW rotations. This may result in delay or failure of FW, which may result in failure of the course and dismissal from the OTA program.

Students MUST attend ALL fieldwork (FW) dates on the day/time assigned. There are NO excused absences. There are NO excused reasons for arriving late to a site. There are NO excused reasons for leaving a site early.

If a student has a DOCUMENTED medical reason (i.e, active vomiting or GI issues) and needs to miss a FW day, they MUST contact the course instructor and FW supervisor prior to their absence and provide medical documentation (doctor’s note) of absence within 24 hours of absence (email or fax is encouraged). If medical documentation is not received within 24 hours, the student may be removed from their fieldwork site due to professionalism concerns. This removal may result in failure of the course and dismissal from the program.

FW hours will ONLY be made up if allowed and agreed upon by the course instructor AND the FW supervisor/site. If a student does not notify their instructor AND fieldwork site PRIOR to an absence and missed or late arrival, this will be considered as a no call/no show, and may result in a removal from the fieldwork site, potential failure of the course, and potential dismissal from the program due to professionalism concerns.

Students may NOT independently decide on a FW day and time. Their FW assignment (including day and time) will be assigned by the Academic Fieldwork Coordinator and/or course instructor.

If a student does not follow the assigned FW day and time, they may be dismissed from the MHPC OTA program due to professionalism concerns.

Regardless of documentation and signatures provided on time logs associated with FW rotations, if the course instructor or other faculty or staff members of the MHPC program receive reports from FW sites, other students, etc. that a student did not fulfill FW time requirements, MHPC faculty will investigate these reports. This may result in a minimum of a learning contract up to a possible dismissal from the OTA program due to professionalism concerns.

While on a FW site, students will ONLY complete assignments and tasks affiliated with that particular FW rotation. Please see your FW packet for specific FW assignments and guidelines.

If a student has a positive hit on their criminal background check, has a change in criminal background status, gets arrested while completing the program, etc., they need to immediately notify the MHPC OTA office. This change in status may affect placement for
fieldwork. If the student has a change in background check status and fails to notify the MHPC office, this may result in permanent removal from the FW placement, which will result in failure of the course and dismissal from the program due to professionalism concerns.

**Instructional Methods**

- Lecture
- Interactive class discussions
- In-class activities
- Reading assignments
- Research online
- Online lecture capture

**Assessment Methods** *

- Lab Experiences
- Written Assignments
- Group Projects
- Midterm Exam (cumulative)
- Presentations
  - Fieldwork assignments
  - Fieldwork Simulation Environments
  - Standardized patients
  - Faculty Practice
  - Faculty led site visits
- Supervision by a fieldwork educator in a practice environment
- Final Exam (cumulative)

*All point distributions are subject to change.*
EVALUATION METHODS:
**Point distribution subject to change**

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<thead>
<tr>
<th>Component</th>
<th>Points</th>
<th>Percentage of Final Grade</th>
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<tbody>
<tr>
<td>Quizzes</td>
<td>120 points</td>
<td>(10% of final grade)</td>
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<tr>
<td>Mid-Term</td>
<td>100 points</td>
<td>(10% of final grade)</td>
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<td>Mid-Term Lab Check out</td>
<td>100 points</td>
<td>(10% of final grade)</td>
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<td>Lab Assignments</td>
<td>230 points</td>
<td>(15% of final grade)</td>
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<td>- Denver Project</td>
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<td>- Sensory Diet</td>
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<tr>
<td>Case Study Written Report</td>
<td>150 points</td>
<td>(25% of final grade)</td>
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<td>(APA Required)</td>
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<tr>
<td>Final Lab Check out</td>
<td>100 points</td>
<td>(10% of final grade)</td>
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<tr>
<td>Final Exam</td>
<td>100 points</td>
<td>(10% of final grade)</td>
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<tr>
<td>Fieldwork</td>
<td>100 points</td>
<td>(10% of final grade)</td>
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<tr>
<td>Total Class Points</td>
<td>1000 points</td>
<td>100%</td>
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Grade | PERCENTAGE
--- | ---
A     | 90-100
B     | 80-89
C     | 70-79
D     | 60-69
F     | <60

Information in this syllabus is considered TENTATIVE, & subject to change. Instructor will inform students of any changes.
Master Rubric:
The below rubric will be used for all MHPC OTA assignments in all courses. Point totals may differ and will be indicated in each course.

MHPC OTA Program Rubric

This rubric will be used for all assignments, except discussion board assignments (separate rubric template). Points will vary for each assignment; however the same scale will be used for all.

Students will be rated by the following scale:

- **Not Meeting (NM) 69% and below** — Student has not met the requirements as given in the assignment description for this assignment. Student has several grammatical, punctuation or spelling errors. (NOTE: If a student has more than 3 spelling, grammatical, and/or punctuation errors, they will automatically be given a score of “Not Meeting”. The student will receive a score of “0” for that portion of the assignment.)

- **Developing (D) 70%-78%** — Student demonstrates a beginning level of understanding of the given topic. Student’s responses are superficial, or are taken directly from an outside source without appropriate citation. Student’s critical thinking is not specific or presents with illogical elements. Reader is unsure of how content relates to given assignment. Student uses minimal sources (i.e. only textbooks) to support ideas.

- **Meets Expectations (M) 80%-94%** — Demonstrates work expected of students at this level of OT education. Student accurately cites and uses outside resources to support their work, including OT specific interventions and suggestions as applicable. Demonstrates clear understanding of given assignment.

- **Exceeds Expectations (E) 95%-100%** — Demonstrates work at the level of an entry level OTA. Uses evidence-based sources with accurate citation to support, extend, and inform, but not substitute the student’s own development of the idea. Combines material from a variety of sources, including personal observation, lecture and lecture notes, class discussions, and OT peer-reviewed journal articles. Student doesn’t overuse quotes.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>N</th>
<th>M</th>
<th>D</th>
<th>E</th>
<th>Points</th>
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<td>● Student fulfilled all areas of assignment, as indicated in the assignment description, or in the assignment rubric. (70%)</td>
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<td>Life-Long Learning (10%)</td>
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<td>● Student included use of evidence to support work</td>
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<td>● Student demonstrated knowledge of content of major concepts</td>
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<td>● Implemented current practice trends</td>
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<td>Occupation-Based Theory (10%)</td>
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<td>● Student identified impact (enhance &amp;/or hinder) on occupational performance</td>
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<td>● Identified community involvement of client</td>
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<td>● Functional, meaningful activity</td>
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<td>● Productive living</td>
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<td>Ethics &amp; Professionalism Standards (10%)</td>
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<td>● Student demonstrated familiarity with grammar, punctuation, spelling, and word usage; little or no surface detail errors. Presentation is professional.</td>
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<td>● Showed clarity regarding the order in which content is presented</td>
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<td>● Appropriate use of citations when used</td>
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Assignment and Exam Descriptions:

*Please see the Fieldwork packet for fieldwork assignment descriptions.

**Quizzes:** All quizzes will be multiple-choice or true/false, online, independent, closed-books and notes. The questions will largely come from course readings. All quizzes and exams will be CUMULATIVE. This means that any information covered in class or during online lecture on or before the quiz/exam date could be included.

**Mid-Term and Final:** The Mid-Term and Final will each consist of a minimum of five multiple-choice questions that could be asked on the NBCOT exam. Students will have to choose a minimum of two (questions) to answer. Students will be required to identify the correct answer and support their choice, AND explain why the other answers are incorrect. Use of evidence and information reviewed in class is required.

**Peer Feedback, Class, and Lab Participation:** Peer feedback will be a part of each assignment, classroom and lab discussion. Students are encouraged to ask each other for clarification or professionally present new ideas. Class participation will be monitored by course instructor, including, but not limited to students verbally answering questions in class or when called upon as well as additions to online discussions, whether written, audio, or video. Students are strongly encouraged to be familiar with all assigned readings as well as being able to discuss information included in chapter review questions provided on Canvas. Lab participation will be monitored by the lab instructor and concerns reported to the course instructor. All students will start with the maximum number of participation points already earned and entered into the gradebook. Points will be deducted for the following:

- No participation
- Not following directions as indicated
- Lower quality of responses than what is expected at the current level of education
- Poor development of sentences (grammar, spelling, etc.)
- Unclear expression of thoughts
- Answer/input based on opinion only (evidence not used to support opinion)
the role of the child/client, and the other will act as a narrator, describing/explaining the treatment session as it occurs. If there is a 4th student in the group, that person will act as the child’s caregiver. A group discussion, including a review of SOAP notes written based on the role play, will follow.

**Students NOT performing the role play will 1) write a SOAP note based on the observed treatment; 2) answer the questions as assigned regarding the client PRIOR to lab on Wednesday.**

***NOTE: Individual students scoring below 70% on their written report will be required to complete remediation in written form, emailed to the course instructor within five days of notification of failure (by 11:59pm). Students will receive an initial score of “0” until a written remediation is submitted and graded. A maximum of 50% of the total initial points will be available to the student during remediation. (Example: Report was originally worth 100 points; student failed. Upon re-writing report, the highest possible score the student can achieve is 50/100.)

If a student is unable to pass the remediation, a learning contract will be developed and the student will be placed on academic probation.

Lab Checkout: Students will meet with the course instructor(s) in person, in groups of 4-5 students for a final checkout. Students will perform reflex and positioning of a child task.

**MHPC ATTENDANCE POLICY**

Students enrolled in the MHPC OTA program are expected to attend all scheduled class sessions. Students are expected to be prepared, and demonstrate timely attendance for all class/lab/fieldwork sessions and appointments. Attendance will be taken at the discretion of the instructors. A faculty member may use attendance, or lack of attendance, as a criterion in the determination of a course grade.

In the event of an unexpected absence, it is the student's responsibility to notify the course instructor and their advisor by e-mail PRIOR to their absence. The instructor on record can then make a determination with this information on how the absences can be rectified or whether it is possible to satisfactorily complete the course with the number of identified absences. Students aware of an anticipated absence should inform the course instructor at least 24 hours in advance, in writing; email is acceptable.

For students exhibiting habitual tardiness or absence (i.e. more than one occurrence) the course instructor will note the issue on the student’s academic advising form and put a copy in the student’s file.

If two consecutive weeks of class are missed during the regular 16-week semester, the student will be dropped from that class unless acceptable justification is supplied to the instructor, Program Director, and Dean of the community college. Additionally, a student who misses more than one-fourth of the class during any scheduled session may be dropped from that class by the instructor if in the opinion of the instructor the student does not have a reasonable opportunity to succeed in the class.
MHPC ACADEMIC POLICY

The Missouri Health Professions Consortium (MHPC) considers academic dishonesty a serious offense. Students are expected to be familiar with their home campus’ definitions and explanations of academic dishonestly. MHPC will uphold and refer to those definitions.

The department will not tolerate plagiarism, cheating, unauthorized possession of exams or exam questions/information, tampering with instructor's grade book or grades, or in any way producing class work, papers, or exams through deceptive, illegitimate means. Any student who commits an act of academic dishonesty is subject to disciplinary action and possible dismissal from the program.

Academic honesty is fundamental to the activities and principles of a program. All members of the academic community must honorably have acquired, developed, and presented. Any effort to gain an advantage not given to all students is dishonest whether or not the effort is successful. The academic community regards academic dishonesty as an extremely serious matter, with serious consequences that range from probation to expulsion. When in doubt about plagiarism, paraphrasing, quoting, or collaboration, consult the course instructor.

OTA Lab Remediation Policy

Lab Practical’s - Lab practical’s are competency-based. This means that you must achieve competency to go to the next level. Students should strive to pass lab practical’s (checkouts) for the first time to keep pace with the rest of the class. A failed lab practical or checkout must be retaken until the student demonstrates 100% proficiency or competency. The lab grade recorded will reflect a 10% markdown from 100% for each retake necessary to achieve acceptable proficiency.

Missed, Make-up Work

This policy applies to work missed due to absences or failure to submit or complete assignments. Except in the situations outlined herein, any and all graded work or performed competencies (letter grade or pass / fail) not completed by the due date or missed due to absence, including being tardy or leaving early, will not be eligible for a grade. Students will receive a zero (0) for missed classwork.

- Instructors may make case by case exceptions with Program Director’s approval if a significant, documentable, and infrequent situation caused a student to miss a submission deadline.
- Work submitted and accepted for grading after the original due date will receive a maximum grade of C. In the case of a pass / fail assignment the student may receive a pass (P) or fail (F) grade.
- Extensions may only be granted by the OTA Program Director for a reasonable period after the original due date. Missed work should be submitted for grading within 24 hours of the student’s return to school unless that timeline extends beyond the last day of the term.
Exams / Tests:

In each OTA course, a number of tests will be given. Students are expected to prepare and be present for examinations on the scheduled dates. Make-up examinations are reserved for those students who are ill or have other significant life issues such as death in their family that prevent them from taking the exam on the scheduled date. Students who will be absent must contact the OTA department and/or course faculty member before exam time indicating the problem preventing them from taking the exam. Exam make-ups must be coordinated with the faculty member in a timely manner within a 24-48 hour time period. Students who fail to make prompt arrangements to make up the exam are at risk of receiving a zero for the exam. Students can only receive a minimum of C on a make-up exam.

Inclement Weather
A. The policy of MHPC is to conduct scheduled classes, keep offices open and carry on normal college operations under conditions deemed to be reasonably safe. When adverse weather conditions or other events force the temporary closing of the college or postponement of classes, students and faculty will be notified via email and postings on the home campus web site. It is the responsibility of the student to ensure that the MHPC OTA office has up-to-date contact information.

B. In the event that program activities are being held, students should not attempt to travel under unsafe conditions or to take unnecessary risk due to inclement weather if they must travel some distance to get to campus. The department administrator and/or course director should be notified if the student is unable to attend class or other activity due to the weather.

C. If classes are canceled a make up assignment will be posted for the day or days the college is closed due to inclement weather. It is the responsibility of the student to sign on to canvas to receive the assignment and or instructions for that day or day’s classes and review the due date. If student was unable to do the assignment the student must contact the course instructor to apply for an extension of due day.

AMERICANS WITH DISABILITIES ACT
Students who have disabilities that qualify under the Americans with Disabilities Act (ADA) should register with their home campus if requesting accommodations and/or assistance. All members of the Missouri Health Professions Consortium comply with ADA guidelines. If you have special needs as addressed by the Americans with Disabilities Act (ADA) and need assistance, please notify the course instructor immediately and contact the Access/ADA Office at your college to confidentially discuss disability information, academic accommodations, appropriate documentation and procedures. Students may register for assistance through their respective home campuses. The student’s home campus is the point of contact for issues related to accommodations. The MHPC OTA Program supports and upholds the policies of the partnering community colleges. If the student has difficulty identifying the appropriate contact at his/her respective college, the MHPC OTA Program Faculty and Program Director will assist him/her with making contact and accessing needed services.

NOTICE OF NON-DISCRIMINATION
The Missouri Health Professions Consortium and its member institutions do not discriminate on the basis of race, color, religion, sexual orientation, genetics, national origin, ancestry, gender, age, disability, veteran status, and marital or parental status in admissions, programs and activities, and employment. Inquiries concerning nondiscrimination should be directed to the student’s home
course objectives:
course objectives correlate with the standards for an accredited educational program for the occupational therapist (acote). this course meets the intent of the following standards from the accreditation council for occupational therapy education (acote®) standards and interpretive guidelines (acote, 2020):

<table>
<thead>
<tr>
<th>B.1.1</th>
<th>Demonstrate knowledge of:</th>
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<tr>
<td></td>
<td>• The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.</td>
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<td>• Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.</td>
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<td>• Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation</td>
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<td>● Class discussions, viewing of videos, fieldwork observations and experiences, and inclusion of knowledge of developmental milestones in written work/reports</td>
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<td>● Milestone Lab Activity</td>
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<tr>
<th>B.3.6</th>
<th>Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to implement the intervention plan.</th>
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<td>● Class and group discussion regarding varying family systems, how culture/context can impact human development, and inclusion of various resources available to clients within their own communities included in written work.</td>
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<td>● Students will develop evidence-based intervention plans based on provided cases and OT goals.</td>
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<tr>
<th>B.4.4</th>
<th>Contribute to the evaluation process of client(s)’ occupational performance, including an occupational profile, by administering standardized and nonstandardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies.</th>
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<td>Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies.</td>
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<td>Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence</td>
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<td>● Students will practice commonly used standardized and non-standardized pediatric assessments and screens through lab participation, lectures, and class/group discussion.</td>
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<tr>
<td>Assessment Activities</td>
<td>● Denver Assessment</td>
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**B.4.9** Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.

- Sensory Diet Project

**B.4.10** Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.

- Through class discussion, activities, homework, and lab, students will practice breaking tasks down (task analysis). The students will utilize the OTPF to guide the development of intervention plans.

**B.4.11** Explain the need for and demonstrate strategies with assistive technologies and devices (e.g., electronic aides to daily living, seating, and positioning systems) used to enhance occupational performance and foster participation and well-being.

- Case Study
- Positioning Lab

**B.4.15** Demonstrate knowledge of use of technology in practice, which must include: Electronic documentation, Virtual environments – Telehealth technology.

- Telehealth Lab assignment
- Simucase

**B.4.16** Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.

- Students will develop evidence-based intervention plans based on provided cases and OT goals.
- Through exploration of various OT models and Frames of Reference, students will determine when and how to provide compensatory strategies as needed for the pediatric population.

**B.4.24** Demonstrate effective intraprofessional OT/OTA collaboration to explain the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process.

- Students will practice documentation formats through lab activities and fieldwork assignments.
- Students will review existing (fictional) treatment plans and outcomes (case studies). Students will develop evidence-based intervention plans based on provided cases and OT goals.

**B.4.26** Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies.

- Case Study
<p>| | |</p>
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| **B.4.28** | Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.  
  - Students will review existing (fictional) treatment plans and outcomes (case studies). Students will develop evidence-based intervention plans based on provided cases and OT goals and Discharge planning. |
| **B.5.17** | Promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client.  
  - Students will identify currently existing community programs that would support OT goals as written in an evaluation/intervention plan. |
| **B.5.18** | Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, and family and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety.  
  - Students will develop informational and training materials with a specific audience in mind (i.e., children; teachers; parents; caregivers). |
| **C. 1.9** | Document that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Ensure that Level I fieldwork enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy process and includes mechanisms for formal evaluation of student performance. The program must have clearly documented student learning objectives expected of the Level I fieldwork. Level I fieldwork may be met through one or more of the following instructional methods:  
  - Simulated environments  
  - Standardized patients  
  - Faculty practice • Faculty-led site visits  
  - Supervision by a fieldwork educator in a practice environment  
  All Level I fieldwork must be comparable in rigor |
<table>
<thead>
<tr>
<th>WEEK #</th>
<th>DATE</th>
<th>TOPIC</th>
<th>READINGS (To be completed prior to class)</th>
<th>HOMEWORK/ACTIVITY (DUE DATES ARE GIVEN)</th>
</tr>
</thead>
</table>
| WEEK 1 | Mon., August 23 | How did we start, where are we going, and how are we going to get there???  
• Peds OT foundations & class/student expectations | -Wagenfeld, Chapter 1 & 2  
- in-class activities  
- Cultural Basket due Wednesday in lab  
- QUIZ opens | |
| LAB    | Wed., August 25 | -Cultural Basket Presentations (Open before Wednesday)  
- Mini-medical cases |  
| Class  | Thurs., August 26 | -Theories...Models...and Frames of Reference...Oh My! | -Wagenfeld, Chapter 3 & 4 | - |
| FW     | Friday        | Simulcast training video | Simucase | Classwork:  
- Quizzes  
- Simulation Assessments  
- CEU courses  
- Debriefing sessions  
- Part – Task Trainers  
- Simulation Interventions – Individual & Group  
- Clinical Day – Group Treatment (optional)  
Homework: (completed in class, may continue at home)  
- Group Protocol  
- Evaluation Reports  
- Partial & Full Treatment Planning  
- Interventions Linked to Evidence  
- Discussion from Clinical Exposure (optional)  
- Documentation - Narrative Note  
- Discharge Planning |
| WEEK 2 | Mon., Aug 31   | -Because it’s the LAW! Legal Mandates in OT | -Wagenfeld, Chapter 5 | -QUIZ opens  
- DB Wagenfeld, page 39 Case Study. |
<table>
<thead>
<tr>
<th>LAB</th>
<th>Wed., Sept 2,</th>
<th>-Denver Training project</th>
<th>Handouts on Canvas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thurs., Sept 3</td>
<td>-You did WHAT?—Documentation in practice</td>
<td>-Wagenfeld, Chapter 6</td>
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</tbody>
</table>

| FW        | Friday        | Alaina                   | Simucase          |

<table>
<thead>
<tr>
<th>WEEK 3 Unit 2</th>
<th>Mon., Sept 7</th>
<th>NO CLASS-Labor Day</th>
<th>-QUIZ opens</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Wed., Sept 9</td>
<td>-Can YOU prove the need for OT Treatment?—documentation practice OT Assessment Practice</td>
<td>Lab Presentation due</td>
</tr>
<tr>
<td></td>
<td>Thurs., Sept 10</td>
<td>-How does it all start?—Reviewing Early Development, Part I</td>
<td>-Wagenfeld, Chapter 7 -pull-out chart from book—KNOW IT</td>
</tr>
</tbody>
</table>

Classwork:
- Quizzes
- Simulation Assessments
- CEU courses
- Debriefing sessions
- Part – Task Trainers
- Simulation Interventions – Individual & Group
- Clinical Day – Group Treatment (optional)

Homework: (completed in class, may continue at home)
- Group Protocol
- Evaluation Reports
- Partial & Full Treatment Planning
- Interventions Linked to Evidence
- Discussion from Clinical Exposure (optional)
- Documentation - Narrative Note
- Discharge Planning

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WEEK 4
Unit 2
Mon., Sept 14
-How does it all start?—Reviewing Early Development Part II
-Wagenfeld, Chapter 8

-QUIZ opens
<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Wed., Sept 16 | -Group Milestone games presentations  
-Reflex Lab Practice        | Fieldwork One: Opens on Friday assignment due Monday  
Read Chapter two from SladyK and do discussion board. |
| Thurs., Sept 17 | -Wow...they parent differently than I do (or I will)  
--Interacting with Families | Post thoughts regarding the Case Study, Wagenfeld, page 77-78 to discussion board by Monday at 8 am.  
respond to TWO peers’ posts by next Thursday at 5pm. |
| Friday     | Rory                                                                     | Classwork:  
- Quizzes  
- Simulation Assessments  
- CEU courses  
- Debriefing sessions  
- Part – Task Trainers  
- Simulation Interventions – Individual & Group  
- Clinical Day – Group Treatment (optional)  

Homework: (completed in class, may continue at home)  
- Group Protocol  
- Evaluation Reports  
- Partial & Full Treatment Planning  
- Interventions Linked to Evidence  
- Discussion from Clinical Exposure (optional)  
- Documentation - Narrative Note  
- Discharge Planning |
| WEEK 5  
Unit 3 | Mon., Sept 21 | -The public school classroom—What you can see in almost any school’s class--  
Neurocognitive Disorders, Part 1  
- ADHD  
- LD  
- ASD | -Wagenfeld, Chapter 10, pages 79-82 |
| Wed., Sept 23 | -Reflex Comp | |
| Thursday, Sept 24 | Neurocognitive Disorders Part 2         | -Wagenfeld, Chapter 10, pages 82-83 | Classwork:  
- Simulations Assessments  
- CEU Courses  
- Debriefing sessions  
- Part – Task Trainers  
- Simulation Interventions – Individual & Group  
- Clinical Day – Group Treatment (optional)  
   |  
| Friday | Paityn |  | Homework: (completed in class, may continue at home)  
- Group Protocol  
- Evaluation Reports  
- Partial & Full Treatment Planning  
- Interventions Linked to Evidence  
- Discussion from Clinical Exposure (optional)  
- Documentation - Narrative Note  
- Discharge Planning  
<p>|<br />
| Week 6, Unit 3 | Neurodevelopmental Disorders         | -Wagenfeld, Chapter 10, pages 83-84 | Quiz opens Monday at 5pm; closes Wednesday at 8am. Will cover MR(ID), FAS, CP, spina bifida and hydrocephalus. |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Activities</th>
<th>Reading Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wed., Sept 30</td>
<td>Case studies and treatment planning! Yes, AGAIN!! ☺&lt;br&gt;-Intensive CP study and planning</td>
<td>Wagenfeld, Chapter 10, pages 84-85</td>
</tr>
<tr>
<td>Thurs., Oct 1</td>
<td>Genetic Disorders&lt;br&gt;- DS&lt;br&gt;- MD&lt;br&gt;- Childhood Occupations (for Play Analysis)</td>
<td>Wagenfeld, Chapter 14</td>
</tr>
<tr>
<td>Friday</td>
<td>Alaina ArCC, Lonsie, Errett</td>
<td>Classwork: Quizzes&lt;br&gt;-Simulation Assessments&lt;br&gt;- CEU courses&lt;br&gt;- Debriefing sessions&lt;br&gt;- Part – Task Trainers&lt;br&gt;- Simulation Interventions – Individual &amp; Group&lt;br&gt;- Clinical Day – Group Treatment (optional)&lt;br&gt;Homework: (completed in class, may continue at home)&lt;br&gt;- Group Protocol&lt;br&gt;- Evaluation Reports&lt;br&gt;- Partial &amp; Full Treatment Planning&lt;br&gt;- Interventions Linked to Evidence&lt;br&gt;- Discussion from Clinical Exposure (optional)&lt;br&gt;- Documentation - Narrative Note&lt;br&gt;- Discharge Planning</td>
</tr>
<tr>
<td>Mon., Oct 5</td>
<td>Physical/Orthopedic Disorders &amp; Cancer&lt;br&gt;- JRA&lt;br&gt;- Amputations&lt;br&gt;- Pediatric cancer</td>
<td>Wagenfeld, Chapter 10, pages 85-86</td>
</tr>
<tr>
<td>Wed., Oct 7</td>
<td>Make a toy lab!!!! Super fun day!!! ☺</td>
<td>- QUIZ opens Monday at 5pm; closes Wednesday at 8am.</td>
</tr>
<tr>
<td>Thurs., Oct 8</td>
<td>Seizure Disorder and Acquired injuries&lt;br&gt;- Seizure disorder&lt;br&gt;- TBI</td>
<td>Wagenfeld, Chapter 10</td>
</tr>
<tr>
<td>WEEK 8</td>
<td>Unit 4</td>
<td>Mon., Oct 12</td>
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<tr>
<td>Wed., Oct 14</td>
<td>- Denver Presentations</td>
<td>-QUIZ opens</td>
</tr>
<tr>
<td>Thurs., Oct 15</td>
<td>--Isn’t it fascinating? What is required to eat--Oral Motor Skills and Feeding</td>
<td>Fieldwork One: Denver Presentation Due</td>
</tr>
<tr>
<td></td>
<td>Emma</td>
<td></td>
</tr>
</tbody>
</table>

Classwork:
- Quizzes
- Simulation Assessments
- CEU courses
- Debriefing sessions
- Part – Task Trainers
- Simulation Interventions – Individual & Group
- Clinical Day – Group Treatment (optional)

Homework: (completed in class, may continue at home)
- Group Protocol
- Evaluation Reports
- Partial & Full Treatment Planning
- Interventions Linked to Evidence
- Discussion from Clinical Exposure (optional)
- Documentation - Narrative Note
- Discharge Planning
**Missouri Health Professions Consortium**  
**Occupational Therapy Assistant Program**  
**OTA 220 Pediatric and Adolescent Practice**

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### WEEK 9

<table>
<thead>
<tr>
<th>Mon., Oct 19</th>
<th>MID-TERM</th>
<th>MID-TERM</th>
<th>MID-TERM</th>
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</thead>
<tbody>
<tr>
<td>Wed., Oct 21</td>
<td>Lab mid-term check out</td>
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<tr>
<td>Thurs., Oct 22</td>
<td>MID-TERM</td>
<td>MID-TERM</td>
<td>MID-TERM</td>
</tr>
<tr>
<td>Friday</td>
<td>No Fieldwork this Week</td>
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</table>

**WEEK 10**

<table>
<thead>
<tr>
<th>Mon., Oct 26</th>
<th>Review of the SEVEN (7) senses--Sensory Integration</th>
<th>Chapter 13</th>
<th>-QUIZ  Will open today at 5pm and close Wednesday at 8am. TBI Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wed., Oct 28</td>
<td>Sensory Diet assignment</td>
<td>Handouts on Canvas</td>
<td></td>
</tr>
<tr>
<td>Thurs., Oct 29</td>
<td>Eval &amp; D/C</td>
<td>Sensory case simucase</td>
<td></td>
</tr>
</tbody>
</table>

**Homework:** (completed in class, may continue at home)
- Group Protocol
- Evaluation Reports
- Partial & Full Treatment Planning
- Interventions Linked to Evidence
- Discussion from Clinical Exposure (optional)
- Documentation - Narrative Note
- Discharge Planning

---

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Missouri Health Professions Consortium  
Occupational Therapy Assistant Program  
OTA 220 Pediatric and Adolescent Practice

<table>
<thead>
<tr>
<th>WEEK 11</th>
<th>Mon., Nov 2</th>
<th>The hand is an important tool -- Hand Development</th>
<th>Wagenfeld, Chapter 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wed., Nov 4</td>
<td>Hand Writing Lab</td>
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<tr>
<td>Thurs., Nov 5</td>
<td>“His handwriting is so bad, he should have been a doctor!”— Development of Handwriting</td>
<td>Wagenfeld, Chapter 18</td>
<td></td>
</tr>
</tbody>
</table>

Homework: (completed in class, may continue at home)

- Group Protocol
- Evaluation Reports
- Partial & Full Treatment Planning
- Interventions Linked to Evidence
- Discussion from Clinical Exposure (optional)
- Documentation - Narrative Note
- Discharge Planning

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<table>
<thead>
<tr>
<th>WEEK 12</th>
<th>Mon., Nov 9</th>
<th>“Sit up/Stand up straight!”—Why we should have listened to mom; a review of positioning</th>
<th>-Wagenfeld, Chapter 11</th>
<th>-QUIZ  Will open today at 5pm and close Wednesday at 8am.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wed., Nov 11</td>
<td>Positioning lab</td>
<td></td>
<td>-Check Outs: (positioning and Reflexes)</td>
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<tr>
<td>Thurs., Nov 12</td>
<td>Low Vision</td>
<td>-Wagenfeld, Chapter 16</td>
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</tbody>
</table>
|          | Parker / Nick Simucase | Classwork:  
 - Quizzes  
 - Simulation Assessments  
 - CEU courses  
 - Debriefing sessions  
 - Part – Task Trainers  
 - Simulation Interventions – Individual & Group  
 - Clinical Day – Group Treatment (optional)  
 Homework: (completed in class, may continue at home)  
 - Group Protocol  
 - Evaluation Reports  
 - Partial & Full Treatment Planning  
 - Interventions Linked to Evidence  
 - Discussion from Clinical Exposure (optional)  
 - Documentation - Narrative Note  
 - Discharge Planning |
| WEEK 13 | Mon., Nov 16 | -- Fun and Useful gadgets and devices--Assistive Technology | -Wagenfeld, Chapter 22 | -Answer application questions on page 138. Post to discussion board by Friday at 8am.  
 -Find one research article discussing the effectiveness of sensory integration. Look specifically in AJOT. Post link/copy of article and your summary on discussion board by Wednesday at 8am. Respond to two peers’ articles by Friday at 8am. |
<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wed., Nov 18</td>
<td>Low Vision Experiment and SI in the Park!!</td>
<td>This is a PACKED lab. Be ready to work! BRING SUNGLASSES. Bring a pair of safety glasses if you have them (i.e., rec specs; lab glasses from chemistry, etc.) - Discussion Board: pictures and park experience, by Thurs. 8am</td>
</tr>
<tr>
<td>Thurs., Nov 19</td>
<td>EVAL and D/C</td>
<td>Fieldwork One: Sensory Diet Presentation Due</td>
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<td><strong>QUIZ</strong> — will open Monday</td>
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<tr>
<td>Mon., Nov 23</td>
<td><strong>WEEK 14 Unit 5</strong> - What is that on your arm?--Orthotics</td>
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<td></td>
<td>- IN-CLASS ACTIVITY—make a low-tech communication board (application activity #2, page 342)</td>
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<tr>
<td>Tues., Nov 24</td>
<td>Splint Lab</td>
<td>Lab will be on Tuesday due to the holiday break.</td>
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<tr>
<td>Wed., Nov 25</td>
<td>- Thanksgiving Holiday</td>
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<td>Date</td>
<td>Activity</td>
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<tr>
<td>Thurs., Nov 26</td>
<td>Thanksgiving Holiday</td>
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<td><strong>WEEK 15</strong></td>
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<tr>
<td>Mon., Nov 30</td>
<td>Practice in hospitals, clinics, etc.</td>
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<td>Wagenfeld, Chapter 21</td>
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<tr>
<td>Wed., Dec 2</td>
<td>Sensory Diet Presentations</td>
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<td>Thurs., Dec 3</td>
<td>Early Intervention</td>
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<td>Wagenfeld, Chapters 19 &amp; 20</td>
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<td>Sensory Presentations</td>
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<td>- Simulation Assessments</td>
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<td>- Debriefing sessions</td>
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<td>- Part - Task Trainers</td>
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<td>- Simulation Interventions - Individual &amp; Group</td>
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<td>Clinical Day – Group Treatment (optional)</td>
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<td>Homework: (completed in class, may continue at home)</td>
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<td>- Group Protocol</td>
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<td>- Evaluation Reports</td>
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<td>- Partial &amp; Full Treatment Planning</td>
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<td>- Interventions Linked to Evidence</td>
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<td>- Discussion from Clinical Exposure (optional)</td>
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<td>- Documentation - Narrative Note</td>
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<td>- Discharge Planning</td>
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<tr>
<td><strong>WEEK 16</strong></td>
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<tr>
<td>Mon</td>
<td>FINALS WEEK</td>
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<tr>
<td>Wed</td>
<td>Lab Check Out</td>
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<td>Thurs</td>
<td>FINAL</td>
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<td>Fri</td>
<td>Lab Check out if needed</td>
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</tbody>
</table>

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OTA 220

Pediatric and Adolescent Practice

Course Appendix

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**GROUP WORK CONCERNS FORM**

A large part of working in healthcare is learning how to work as a part of a team. Unfortunately, it is not uncommon to have a team member who “doesn’t pull their weight” or performs at a lower level than expected or required. If a student perceives an inequity of individual student contributions during group projects, the student may bring it to the attention of the course instructor following the steps outlined on this form. Complete, scan, and email this form to the course instructor a MINIMUM of 24 hours prior to assignment due date/time.

Student completing form: ________________________________________________

Student’s explanation of perceived inequity of group member’s contributions (please identify specific assignment and involved student). Include specific examples of behaviors that are of concern (i.e., lack of contribution, attend meetings, completion of assigned sections, lack of participation, lack of understanding/knowledge):

Date this group concern was brought to other student’s attention:

Response/outcome of meeting with group member:

Why the reporting student feels this issue needs to be brought to the attention of the course instructor:

If outcome did not resolve issue, what specifically are you requesting of the course instructor?

Signatures of ALL involved students must be below.
FORMS OF ACADEMIC DISHONESTY

**Plagiarism**
Plagiarism is the inclusion of someone else’s product, words, ideas, or data as one’s own work. When a student submits work for credit that includes the product, words, ideas, or data of others, the source must be acknowledged by the use of complete, accurate, and specific references, such as footnotes. Expectations may vary slightly among disciplines. By placing one’s name on work submitted for credit, the student certifies the originality of all work not otherwise identified by appropriate acknowledgements. On written assignments, if verbatim statements are included, the statements must be enclosed by quotation marks or set off from regular text as indented extracts.

A student will avoid being charged with plagiarism if there is an acknowledgement of indebtedness. Indebtedness must be acknowledged whenever:

1. One quotes another person’s actual words or replicates all or part of another’s product;
2. One uses another person’s ideas, opinions, work, data, or theories, even if they are completely paraphrased in one’s own words;
3. One borrows facts, statistics, or other illustrative materials—unless the information is common knowledge

Unauthorized collaboration with others on papers or projects can inadvertently lead to a charge of plagiarism. If in doubt, consult the instructor. Plagiarism also includes submitting work in which portions were substantially produced by someone acting as a tutor or editor.

**Fabrication**
Fabrication is the intentional use of information that the author has invented when he or she states or implies otherwise, or the falsification of research or the findings with the intent to deceive. Examples include, but are not limited to:

1. Citing information not taken from the source indicated;
2. Listing sources in a reference not used in the academic exercise;
3. Inventing data or source information for research or other academic exercises

**Cheating**
Cheating is an act of deception by which a student misrepresents or misleadingly demonstrates that he or she has mastered information on an academic exercise that he or she has not mastered, including giving or receiving of unauthorized help in an academic exercise. Examples include but are not limited to:

1. Copying from another student’s test paper, project, product, or performance
2. Collaborating without authority or allowing another student to copy one’s work in a test situation
3. Using the course textbook or other material not authorized for use during a test
4. Using unauthorized materials during a test; for example notes
5. Resubmitting substantially the same work that was produced for another assignment without the knowledge and permission of the instructor
6. Taking a test for someone else or permitting someone else to take a test for you

What can students do to protect themselves from being charged with academic dishonesty?

1. Prepare thoroughly for examinations and assignments.
2. Take the initiative to prevent other students from copying exams or assignments.
3. Check the course syllabus for a section dealing with academic dishonesty for that course.
4. Do not look in the direction of other students’ papers during examinations.
5. Utilize a recognized handbook for instruction on citing source materials in papers. Consult with instructors or academic departments when in doubt.
6. Discourage dishonesty among other students.
7. Refuse to assist students who cheat.
8. If extraordinary circumstances cause anxiety over taking an exam or getting an assignment in on time, talk to the instructor in advance. It is better to request special arrangements rather than resort to dishonesty.
9. Inform the instructor if you are aware of other students cheating.
## SELF-ASSESSMENT OF MY WORK PRIOR TO TURNING IN

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did I completely review the rubric (if applicable) for the assignment?</td>
<td></td>
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<tr>
<td>Did I include/address each component of the rubric in my assignment?</td>
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<tr>
<td>Did I check for spelling, grammar, and punctuation errors?</td>
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<tr>
<td>Do I know the due date of my assignment?</td>
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<td>Do I know where to turn the assignment in? (i.e., assignments tab, instructor, email, etc.)</td>
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<td>Have I clarified any questions I have regarding the assignment with my instructor?</td>
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HOW TO STUDY FOR THIS COURSE

1. Read all assigned readings PRIOR to the discussion date.
2. Utilize information in texts and supplemental texts, even if it is not assigned reading.
3. Read through questions, clinical cases, role plays, and learning activities PRIOR to in-class discussion.
4. Ask questions!
5. Review your lecture notes.
6. SAVE attachments and posted resources to your jump drive/memory stick for future use.
7. Complete ALL review questions…even if not turning them in!
8. Review ALL learning objectives at the beginning of each chapter. You should be able to comfortably discuss ALL of them.
9. Pay particular attention to any tables or charts included in your chapter readings.
OTA 220
Pediatric and Adolescent Practice

SIGNATURE PAGE

- It is your responsibility to read the course syllabus.
- You will be expected to abide by the regulations contained in it.
- If course information is unclear, discuss it with the instructor immediately.
- If any MHPC policy is unclear, discuss it with the Program Director immediately.
- You are encouraged to refer to the syllabus and Canvas frequently.

Your signature below confirms that you have read, understood and agree to the conditions as stated in this syllabus:

______________________________________________
Student Signature     Date

______________________________________________
Print Name

Please sign, scan, and turn in to Canvas as assigned.