Person-centered care: a course development

Kimberly D. Zinnecker
The University of Toledo

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Person-Centered Care: A Course Development

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Site Mentor: Kimberly Saylor, OTR/L

Department of Rehabilitation Sciences

Occupational Therapy Doctorate Program

The University of Toledo

May 2011

Note: This document describes a Capstone Dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the Capstone experience is to provide occupational therapy doctoral students with unique experiences whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as occupational therapists. As such, the Capstone Dissemination is not formal research.
Philosophy

Overall Philosophy of the Occupational Therapy Program

The University of Toledo Occupational Therapy Doctorate (OTD) program curriculum fosters skills within students that develop well-rounded entry-level therapists who will be advocates for their clients and leaders in their field. The program curriculum provides opportunities for growth in the areas of practice, advocacy, research, and autonomous decision-making through a variety of teaching and learning approaches.

The OTD program’s philosophy emphasizes commitment to the value of “occupation” and its function in facilitating wellness and enhancing quality of life. Occupation within this program is understood to mean something that is done by an individual that has meaning and purpose to that individual. Thus, one-size fits all occupations are viewed as ineffective in addressing clients holistically. Emphasis is directed toward using evidence-based assessments or evaluations that are appropriate for the client population to better understand the client’s developmental structure (factors within the client), his or her occupational form (environment and context), and the client’s occupational performance.

The program provides experiential opportunities to develop skills in assessment and intervention planning through scaffolded fieldwork experiences. Student observation and assignments are graded in association with the curriculum. The courses within the program curriculum build upon prior courses throughout the duration of the program (The University of Toledo Occupational Therapy Dept., 2011).

Foundational Philosophy of Education

Learning is a multi-faceted, dynamic, and highly individual experience shaped by countless internal and external factors. Education begins with a dynamic relationship between
the teacher and learner and his or her peers within a supportive learning environment. In order for learning to occur the learner must take an active role and assume responsibility for his or her educational process.

Similar to the role of a therapist the instructor has the responsibility to create an environment that meets the developmental structure of the learner. Creating a learning environment that does not appropriately challenge or stimulate the learner can inhibit the potential learning outcomes. Ralph W. Tyler describes the importance of matching the educational challenge to the learner stating, “…one of the problems of education is to channel the means by which these needs (basic and educational needs) are met so that the resulting behavior is socially acceptable, yet at the same time the needs are met and the organism (the student) is not under continuous, unrelieved tensions” (Tyler, 1969, pp 7). Students learn best when they understand the demands of the learning task and the outcome expectations.

An environment that supports learning and allows for exploration of topics is most beneficial for learning new material. John Hopkins researcher, Billington (1996) found that effective adult learning is positively correlated with an open supportive learning environment that provides safe opportunities for learner exploration of material. Studies of adult learning consistently cite the value of material that is applicable and accessible (Knowles, 1973; Billington, 1996; Collis, B., & Moonen, J., 2007; & Green, N.C., Edwards, H., Wolodko, B., Stewart, C., Brooks, M., and Littledyke, R., 2010). The online nature of this course provides a host of learning opportunities that are accessible to the learner beyond completion of the course.

Billington (1996) found that adult learners retain the most information and enjoy their learning experience the most when the instructor treats the learner as a peer and acknowledges
the learner’s experience and intelligence. This course environment will provide opportunities for the learners to converse with the instructor through synchronous (chat and the phone) and asynchronous (e-mail and the discussion board) means. Completion of modules is self-directed and requires completion within a set time frame due to the asynchronous nature of the Discussion Board. The self-directed nature of this course displays respect for the learner and provides the learner with materials that can be accessed beyond completion of this course to enhance quality practice in the field for the benefit of the clients who are served.

The online nature of this course presents a host of diverse teaching-learning scenarios. Different mediums of material can be presented to students to engage their attention and encourage learning and sharing with their online cohort. The online learning community presents additional challenges beyond those in a traditional face-to-face classroom. According to Maslow’s Hierarchy of Human Needs the basic physiological needs and the needs of feeling safe must be addressed for more complex learning to be possible. The variability in content delivery of this course is a result of consideration of variables of the learners including educational background, amount of field experience, and generation. Tyler refers to this concept of creating a pleasant and applicable learning outcome with feasible objectives that can be taught through multiple modalities in his five general principles pertaining to the learning experience (Tyler, 1969, pp. 65-68).

Knowles (1973) suggests that adults are more apt than children to prepare for a learning situation, and they are more intrinsically motivated to learn than children. This course will capitalize on the learners’ intrinsic motivation and desire to interact socially with peers to enhance the learning and retention of material. This course was developed from a need to fill the educational and evidence-based gap in knowledge and application of Person-Centered Care.
principles specifically in the long-term care setting. The intention of this course is to facilitate therapists’ and therapy students’ understanding and application of occupational therapy values declared by the American Occupational Therapy Association to practice through advocacy. This course was designed with The University of Toledo Occupation Therapy Program’s dedication to fostering well-rounded therapists who advocate for their clients through providing quality evidence-based interventions that emphasize the person’s needs and desires through meaningful and purposeful occupations.

In an ideal world each learner would be taught as he or she learns best. Online education can cause some barriers to individually catering the teaching style to the student. However, this course encourages learning from peers as well as from the lectures and other materials. The learning materials and assignments are presented in a way that should engage different learning styles within the same module. Choices of assignment format are given when appropriate to encourage a response style that highlights the learner’s strengths and enhances the learning process. Zhang (2004) suggests that learners think in three different thinking styles. His findings suggest that thinking styles are dynamic and learners can adapt their thinking style to match the teaching style of the instructor.

The online course instructor has the responsibility to build trust and rapport with the learners. As Joyce accurately states, “successful teachers are not simply charismatic and persuasive presenters. Rather, they engage their students in robust cognitive and social tasks and teach the students how to use them productively” (Joyce, Weil, & Calhoun. 2009, pp. 7). Opportunities for feedback and evaluation of teaching style and responses to material will be offered at midterm and final, however students will be encouraged as in all courses in The
University of Toledo Occupational Therapy Program to provide feedback as necessary and interact openly with the instructor.

Education is a multifaceted dynamic experience that can promote growth. The intention of this course is to facilitate that growth through a variety of mediums and practice in self-reflection. The ultimate goal is to help therapists and therapy students to become more person-centered and provide quality occupation-based interventions through the resources and material studied in this course.
References


cchange despite strong leadership due to a lack of participation by the whole team.


Syllabus

Judith Herb College of Education, Health Science, and Human Service
Occupational Therapy Program

Course Name: Person-Centered Care

Course Number: OCCT2551

Credit Hours: 3 semester hours

Contact Hours: 3 lecture hours

Semester and Level Course Offered: Spring and fall semesters, Occupational Therapy program elective or post certificate course

Prerequisite(s): To enroll in the course you must be an occupational therapy student or an occupational therapy assistant student or an occupational therapy practitioner.

Co-requisite(s): None.

Course Description:
This eight-week course provides an educational foundation for the topic of person-centered by building upon the historical context from which the Culture Change Movement emerged. This course dissects the structure of Culture Change, the barriers to Culture Change, and the moral and ethical values of occupational therapy as they apply to the topic. The emphasis of this course is on the application of tools and knowledge to a therapeutic clinical context within long-term care. The learner will be challenged through self-reflection, examination of case studies, examination of evidence, and participation in class discussion. Participation in this class will aide in the continued development of skills in the areas of critical analysis, advocacy, and autonomous decision making. Quality person-centered care demands therapists to challenge themselves in their interventions as well as in their interactions with therapists from other disciplines. This course is designed to encourage the learner to grow as a therapist and a therapy team member.

Instructor: Kimberly Zinnecker

Office Location: The University of Toledo Main Campus
2801 Bancroft
Toledo, Ohio 43606-3390

Office Hours: By appointment only
Campus Phone: 513-255-5817

Campus Email: Kimberly.zinnecker@rockets.utoledo.edu

Required Textbook(s):

- AOTA Membership for access to AJOT articles

Suggested Textbooks(s):


Teaching and Learning Experiences:

Black Board Online learner-centered learning opportunities utilizing discussion boards, e-mail, PowerPoint, reflective assignments, and the Internet.

Course Relationship to Curricular Foundations:

Relationship to Program's Mission and Philosophy:
This course constitutes a body of knowledge that will enable the learner to develop skills in advocating for quality care for clients and grow as a leader in the Person-Centered Care Movement based on knowledge of personal strengths, evidence, and theory as they relate to occupational therapy and client care.

Relationship to Program's Curriculum Design:
This course incorporates theory and research as it applies to Person-Centered Care. Emphasis is placed on promoting advocacy for quality care. The purpose of this course is to espouse therapists that promote the development of autonomous decision making skills, critical thinking, and advocacy.

Program Goals and Related Curricular Objectives:

Program Goal I: Practice
S. Communicate effectively and educate appropriately via written, oral, and non-verbal means, with clients, family members, significant others, team members, and the community at large.
V. Plan population-based interventions consistent with theory-based models of practice, including identification of population, evaluation of needs, determination of measurable goals, design of interventions, and selection of outcome evaluations.

X. Demonstrate awareness of the standards of practice and policies recommended by the AOTA.

Program Goal II: Advocacy
A. Evaluate and judge the relevance of current socio-political, economic, international, geographic, and demographic issues and trends, including population-based approaches as they affect occupational therapy practice.
B. Analyze the legal, ethical, and moral issues which impact the delivery of occupational therapy services in contemporary society.
D. Advocate within the profession for high standards of professional behavior, ethics, and practice.
E. Propose, design, and engage in initiatives that move the profession of Occupational Therapy forward as an integral discipline in health.
I. Analyze, propose, and demonstrate methods of utilizing the expertise of others on an inter- and multidisciplinary team to maximize communication links and improve health care delivery in complex delivery systems and organizations including but not limited to care coordination, case management, and transition services in traditional and emerging practice environments.

Program Goal III: Research
C. Describe, analyze, critique, and interpret research protocols and articles by using principles of research design.
D. Explore areas of research interest and state their significance to the profession of occupational therapy.

Program Goal IV: Autonomous Decision Making
B. Accept personal responsibility for one’s learning, professional behavior, and demeanor.
D. Develop skill in seeking out information (e.g., library resources, electronic media, internet searches) to compile evidence in support of practice, advocacy, and research.
I. Evaluate his/her own strengths and limitations and demonstrate a pro-active stance in developing and enhancing those characteristics essential to the advancement of occupational therapy.
J. Refine one’s self-directedness, and demonstrate the capacity to work autonomously and within a mentoring relationship.

N. Demonstrate the characteristics of a professional committed to the advancement of one’s own career and profession including professional responsibility for providing future fieldwork education and supervision.
O. Formulate a plan for continuing professional development, which integrates principles of self-directedness and a commitment to life-long learning.
The following standards correspond across Doctorate, Master’s, and OTA levels unless otherwise stated. Master’s level standards are denoted with “MOT” and Assistant level standards are denoted with “OTA.” The course instructor recognizes the differences in expectations of standards across professionals and will grade according to the standards that most appropriately fit the learner.

**Course Corresponds to the following 2006 ACOTE Standards:**

<table>
<thead>
<tr>
<th>Basic Tenets</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>B.1.1.</strong></td>
<td>Demonstrate oral and written communication skills.</td>
</tr>
<tr>
<td><strong>B.1.2.</strong></td>
<td>Employ logical thinking, critical analysis, problem solving, and creativity.</td>
</tr>
<tr>
<td><strong>B.1.3.</strong></td>
<td>Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (e.g., PowerPoint).</td>
</tr>
<tr>
<td><strong>B.1.7.</strong></td>
<td>Demonstrate knowledge and appreciation of the role of socio-cultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.</td>
</tr>
<tr>
<td><strong>B.1.8.</strong></td>
<td>Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations.</td>
</tr>
<tr>
<td><strong>B.1.10.</strong></td>
<td>Apply quantitative statistics and qualitative analysis to interpret tests, measurements, and other data.</td>
</tr>
<tr>
<td><strong>B.2.2.</strong>*</td>
<td>Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.</td>
</tr>
<tr>
<td><strong>B.2.2.</strong></td>
<td>Describe the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.</td>
</tr>
<tr>
<td><strong>B.2.4.</strong></td>
<td>Articulate the importance of balancing areas of occupation with the achievement of health and wellness.</td>
</tr>
<tr>
<td><strong>B.2.6.</strong>*</td>
<td>Analyze the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.</td>
</tr>
<tr>
<td><strong>B.2.6.</strong></td>
<td>Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.</td>
</tr>
<tr>
<td><strong>B.2.8.</strong></td>
<td>Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.</td>
</tr>
<tr>
<td><strong>B.2.9.</strong></td>
<td>Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).</td>
</tr>
</tbody>
</table>
## OT Theoretical Perspectives

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.3.1.*</td>
<td>Apply theories that underlie the practice of occupational therapy.</td>
</tr>
<tr>
<td>B.3.1. (MOT)</td>
<td>Describe theories that underlie the practice of occupational therapy.</td>
</tr>
<tr>
<td>B.3.1. (OTA)</td>
<td>Describe basic features of the theories that underlie the practice of occupational therapy.</td>
</tr>
<tr>
<td>B.3.4. (B.3.3. OTA)</td>
<td>Analyze and discuss how history, theory, and the sociopolitical climate influence and are influenced by practice.</td>
</tr>
<tr>
<td>B.3.6.* (MOT)</td>
<td>Articulate the process of theory development in occupational therapy and its desired impact and influence on society.</td>
</tr>
<tr>
<td>B.3.6. (OTA)</td>
<td>Discuss the process of theory development and its importance to occupational therapy.</td>
</tr>
<tr>
<td>B.3.3. (OTA)</td>
<td>Analyze and discuss how history, theory, and the sociopolitical climate influence practice.</td>
</tr>
</tbody>
</table>

## Screening, Evaluation, and Referral

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.4.1.* (OTA)</td>
<td>Use standardized and non-standardized screening and assessment tools to determine the need for occupational therapy intervention. These include, but are not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, significant others, and community.</td>
</tr>
<tr>
<td>B.4.1. (OTA)</td>
<td>Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.</td>
</tr>
</tbody>
</table>
| B.4.4.* (OTA) | Evaluate client(s)’ occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes:  
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.  
- Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).  
- Performance patterns (e.g., habits, routines, roles) and behavior patterns.  
- Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.  
- Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).  
| B.4.3. (OTA) | Gather and share data for the purpose of evaluating client(s)’ occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes:  
- The occupational profile, including participation in activities that are meaningful and necessary. |
Intervention Plan

B.5.1.* Use evaluation findings to diagnose occupational performance and participation based on appropriate theoretical approaches, models of practice, frames of reference, and interdisciplinary knowledge. Develop occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
- Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
- Performance patterns (e.g., habits, routines, roles) and behavior patterns.
- Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
- Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).

B.5.1. (OTA)

Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
- Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
- Performance patterns (e.g., habits, routines, roles) and behavior patterns.
- Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.

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

| B.5.2. | Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. |
| B.5.3. | Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods). |
| B.5.6. | Provide therapeutic use of self, including one’s personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction. |
| B.5.16. | Demonstrate the ability to educate the client, caregiver, family, significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety. |
| B.5.24.* | Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention. |
| B.5.23. (OTA) | Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist. |

### Context of Service Delivery

| B.6.2.* | Critically analyze the current policy issues and the social, economic, political, geographic, and demographic factors that influence the various contexts for practice of occupational therapy. |
| B.6.1. (MOT) | Differentiate among the contexts of health care, education, community, and social systems as they relate to the practice of occupational therapy. |
| B.6.1. (OTA) | Describe the contexts of health care, education, community, and social models or systems as they relate to the practice of occupational therapy. |
| B.6.3.* | Integrate the current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services. |
| B.6.3. (MOT) | Differentiate among the contexts of health care, education, community, and social systems as they relate to the practice of occupational therapy. |
| B.6.2. (OTA) | Identify potential impacts of social, economic, political, geographic, or demographic factors on the practice of occupational therapy. |
| B.6.6.* | Use national and international resources in making assessment or intervention choices, and appreciate the influence of international occupational therapy contributions to education, research, and practice. |
| B.6.3. (OTA) | Identify the role and responsibility of the practitioner to address changes in service delivery policies, to effect changes in the system, and to recognize opportunities in emerging practice areas. |

### Leadership and Management
<table>
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<tr>
<th>Objective</th>
<th>Description</th>
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<tbody>
<tr>
<td>B.7.3.*</td>
<td>Identify and critically evaluate the systems and structures that create federal and state legislation and regulation and their implications and effects on practice and policy.</td>
</tr>
<tr>
<td>B.7.3.</td>
<td>Describe the systems and structures that create federal and state legislation and regulation and their implications and effects on practice.</td>
</tr>
<tr>
<td>(MOT)</td>
<td>Identify the systems and structures that create federal and state legislation and regulation and their implications and effects on practice.</td>
</tr>
<tr>
<td>B.7.13.</td>
<td>Identify and develop strategies to enable occupational therapy to respond to society’s changing needs.</td>
</tr>
<tr>
<td>B.7.14.*</td>
<td>Identify and implement strategies to promote staff development based on evaluation of the personal and professional abilities and competencies of supervised staff as they relate to job responsibilities.</td>
</tr>
<tr>
<td>B.7.8.</td>
<td>Demonstrate the ability to design ongoing processes for quality improvement (e.g., outcome studies analysis) and develop program changes as needed to ensure quality of services and to direct administrative changes.</td>
</tr>
<tr>
<td>(MOT)</td>
<td>Identify strategies for effective, competency-based legal and ethical supervision of non–professional personnel.</td>
</tr>
<tr>
<td>B.7.9</td>
<td>Professional Ethics, Values, and Responsibilities</td>
</tr>
<tr>
<td>B.9.1.</td>
<td>Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) <em>Occupational Therapy Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice,</em> and AOTA <em>Standards of Practice</em> and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.</td>
</tr>
<tr>
<td>B.9.2.*</td>
<td>Discuss and justify how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.</td>
</tr>
<tr>
<td>(OTA)</td>
<td>Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.</td>
</tr>
<tr>
<td>B.9.4.*</td>
<td>Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.</td>
</tr>
<tr>
<td>(MOT &amp; OTA)</td>
<td>Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.</td>
</tr>
<tr>
<td>B.9.6.*</td>
<td>Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities.</td>
</tr>
<tr>
<td>(OTA)</td>
<td>Identify personal and professional abilities and competencies as they relate to job responsibilities.</td>
</tr>
</tbody>
</table>

**Specific Course Objectives:**

Upon completion of this course, the learner will:

Associated ACOTE
<table>
<thead>
<tr>
<th></th>
<th>Standards.</th>
</tr>
</thead>
</table>
| 1. | Demonstrate an understanding of Person-Centered Care and how standards of care have evolved through insightful discussion board posts.  
   | B.1.1., B.1.3., B.1.7., B.1.8., B.2.2., B.2.4., B.2.6., B.2.8., B.2.9., B.3.4. (B.3.3. OTA), B.3.6, B.9.6., B.6.2., & B.6.6. (B.6.3. OTA)                  |
| 2. | Critically reflect upon the Person-Centered values of the occupational therapy professional.  
| 3. | Recognize scenarios that do not emphasize person-centered care, and make suggestions for improvements to care.  
   | B.1.2., B.1.7., B.1.8, B.2.2, B.2.4., B.2.8., B.2.9., B.4.7., B.4.11., B.5.1.,B.5.2., B.5.3., B.5.6., B.5.16., B.5.24 (B.5.23. OTA), B.7.3, B.9.1.,B.9.4., B.9.6 |
| 4. | Demonstrate an understanding of geopolitical, sociopolitical, and other forces/influences upon quality of care through thoughtful discussion.  
   | B.1.7., B.1.8., B.2.6., B.3.4., & B.6.2 (B.6.1. MOT &OTA).                                                                                                                                            |
| 5. | Critically analyze journal articles pertinent to Person-Centered Care.  
   | B.1.3., B.1.10., & B.6.6. (B.6.3. OTA)                                                                                                                                                                   |
| 6. | Develop a personal plan for improvement in developing person-centered interventions based on course readings and materials.  
| 7. | Recognize and apply models of practice and assessments that emphasize person-centered care.  
| 8. | Demonstrate creativity in developing a narrative.  
   | B.1.1., B.1.2., B.1.8., B.2.4., B.4.1., & B.4.4. (B.4.3. OTA)                                                                                                                                 |
| 9. | Contribute effective communication within the therapy team to benefit the client.  
| 10. | Construct/ contribute to the construction of treatment plans unique to the person.  
    | B.5.1., B.5.3., B.5.16., B.5.24. (B.5.23. OTA)                                                                                                                                                       |

**Grading Procedure:**
Student learning outcomes will be assessed through: (percentages are calculated out of 100 total points)
1. Discussion Board Participation 25%
2. Reflective Assignments 35%
3. Personal Development Plan 15%
4. Session Analysis 20%
5. Module 6 Quiz 2.5%
6. Article Review 2.5%

Assignments:
1. Discussion Board Participation: Participation is mandatory and essential for learning in this course. Learners are expected to discuss course content and outside relevant topics and resources as applicable. Discussion with peers is as essential to your learning and application of the content as independent assignments. Please make sure you are reading all posts and responding to feedback and comments. Feel free to share personal/professional stories when applicable; however remember to leave out names and identifying information when discussing clients for the sake of HIPPA.

Rubric for Discussion Board Participation

<table>
<thead>
<tr>
<th>Criteria</th>
<th>0 Points</th>
<th>1 Point</th>
<th>2 Points</th>
<th>3 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributes to required and recommended discussion prompts by introducing relevant information.</td>
<td>Does not participate or posts after Sunday deadline.</td>
<td>Responds to half or fewer of the topics with some relevant contributions.</td>
<td>Responds to most prompts with relevant information.</td>
<td>Consistently and thoughtfully responds to prompts.</td>
</tr>
<tr>
<td>Responds to posts from peers relating to the discussion topic.</td>
<td>Does not respond or responds after Sunday deadline.</td>
<td>Posts on Discussion Board but does not respond to peers.</td>
<td>Posts on Discussion Board and responds to most posts with relevant responses.</td>
<td>Consistently and thoughtfully responds to posts from peers.</td>
</tr>
<tr>
<td>Shares relevant resources, experiences, etc. that contribute to the body of knowledge.</td>
<td>Does not respond or responds after Sunday deadline.</td>
<td>Discusses resources from course but does not introduce new information.</td>
<td>Discusses course materials and introduces resources that may not be relevant.</td>
<td>Discusses course materials and introduces relevant materials and thoughtful discussions.</td>
</tr>
<tr>
<td>Demonstrates understanding of</td>
<td>Does not respond or responds after</td>
<td>Discusses resources and</td>
<td>Discusses resources and</td>
<td>Discusses resources and</td>
</tr>
<tr>
<td>resources/material and their application to practice. Continued…</td>
<td>Sunday deadline.</td>
<td>materials without demonstrating understanding.</td>
<td>materials with some reference to their application.</td>
<td>materials with a clear understanding of their application (gives examples of application).</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Uses language that demonstrates respect and person-centeredness (not stating an individual with an amputation NOT “an amputee”)</td>
<td>Uses inappropriate language or does not participate</td>
<td>Occasionally uses language that does not reflect respectful person first language.</td>
<td>Rarely uses language that does not reflect respectful person first language.</td>
<td>Is consistently appropriate and respectful.</td>
</tr>
</tbody>
</table>

2. Reflective Assignments: These assignments differ from module to module. The purpose of these assignments is to encourage you to critically analyze the course material and apply it. In order to receive the full credit you must submit the assignment on time, respond with relevant course material ad resources, demonstrate graduate level writing (content and grammar), and meet the required length. Points will be deducted at the instructor’s discretion for writing that does not respond sufficiently to each prompt.

3. Personal Development Plan: This assignment is intended to engage the learner in reflection on the course content. Then the learner will apply what he/she has learned to a plan for personal improvement.

The assignment will address the following: (15 points total)
1. What is Person-Centered Care and how does it match or mismatch your personal and professional values? (5pts)
2. What have you learned about yourself (your personality, preferred mode of communication, emotional intelligence, etc.) and what impact has that had on you? Has it elicited any “A-ha” moments? If so, describe them. (5pts)
3. What is your personal plan for the near and distant future to continue to improve the quality of Person-Centered Care you provide? Will you apply any things that you have learned in this course? Do you have a plan to introduce evidence? etc. (5pts)

0 points will be awarded for each section that is not addressed
1 point will be awarded for surface level responses that do not fully address prompts and do not demonstrate critical thinking
2 point will be awarded for responses that partially address the prompts without examples or elaboration
3 points will be awarded for answers that address the prompts and offer some elaboration
4 points will be awarded for answers that demonstrate consideration, examples, and applications of material.
5 points will be awarded for answers that address all prompts fully and demonstrate critical
thought, autonomous decision-making, and give examples of how material is applicable
in the clinical setting.
Note: The instructor may deduct points for lack of/improper citations and/or grammatical errors.
Such deductions will be marked with a comment on the returned paper.

4. Session Analysis (20pts): This assignment is introduced in Module 4. It is due on Wednesday
of week 6. You are being given extra time to complete this assignment because it will take time
to respond thoughtfully. Please complete this assignment in 3-5 pages (type written and double
spaced). The purpose of this assignment is to get you thinking about the treatments you are
providing and how those treatments could be more occupation-based and person-centered for the
benefit of the resident. You have two weeks to complete this assignment, but you may submit
your paper anytime before the due date via the Assignment Drop box. Feel free to discuss
improvements to your intervention with classmates via chat or the discussion board. However, I
do not want to see identical papers. Honesty with yourself will be beneficial in recognizing areas
for improvement in providing quality person-centered care. Be sure to provide detailed examples
(my session could have been more person-centered by doing “x”).

Part I: Think of a session with a particular resident/person. Write a summary about the resident
and his/her deficits and of what you did with that resident. Please note the following: 1) how
long did you work with that resident?, 2) what was done? 3) were you working with anyone else
at the time?, 4) were you were speaking to another therapist or team member during the session?
(if so, what was being talked about?), 5) what was going on around you (noises, distractions,
visual stimuli, etc.)? 6) what was the resident’s response (verbal responses, non-verbal, fatigue,
etc.)? 7) why was the task performed (what purpose did it serve for the resident/ you)? 8) what
items did you use and what other items were available? 9) Include any other details that you
think are pertinent. Be as detailed as possible!

Part II: Was your session occupation-based? Was it person-centered? Please describe why or
why not using resources discussed in the course. Describe how your sessions have gone better
(been more occupation-based, utilized different materials, been more person-centered, etc.)?
Give examples. Keep in mind that no one is perfect. 😊 If we provided perfect therapy every time
then we would not be human.

Session Analysis Rubric

Well thought out, grammatically correct writing is expected. It is also expected that the student
will integrate course material and references into responses as appropriate for Part II. A reference
list should be included at the end of this assignment.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part I</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the student provide a through summary of the resident’s deficits and the purpose of session? (2 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the student adequately address all the prompts in Part I? (5 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Part II</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the student adequately reflect upon the session using the provided prompts? (5 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the student provide appropriate improvements to the summarized occupation? (5 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the student incorporate appropriate references and provide a reference page? (2 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the assignment submitted on time and free of grammatical errors? (1 point)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

5. Module 6 Quiz: Module 6 is about communication. This module contains a lot of important information. This quiz is over the material presented in the Power Point on the topic of Modes of Communication. Access the quiz by clicking on the link. If you have difficulties accessing the quiz contact the instructor immediately.

6. Article Review: Develop a brief Power Point or handout that explains this article to your peers. Be sure to include implications for practice or future research. Use the OTPF terminology where appropriate. This assignment is due by Wednesday at 5pm of next week via the Assignment Drop box. It is worth 5 points. You will be graded on the following:
Person-Centered Care, 21

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes or No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the student demonstrate understanding of the article and findings? (1 points)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the student briefly touch on all areas of the article (lit. review, research questions, method, results, and discussion/implications)? (1 points)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is the presentation acceptable for an audience (professional)? (.5 points)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Points</td>
<td>/2.5</td>
<td></td>
</tr>
</tbody>
</table>

Grading Scale:

<table>
<thead>
<tr>
<th>Course Grading</th>
<th>A = 90 - 100</th>
<th>B = 80 - 89</th>
<th>C = 70 - 79</th>
<th>D = 60 - 69</th>
<th>F &lt; 60</th>
</tr>
</thead>
</table>

Make-up Assignments:
Make assignments will only be allowed under special circumstances and will be discussed with the instructor.

Attendance:
Class participation is essential for optimal learning. Learners are expected to read all posts on the Discussion Board and respond to feedback from peers. It is strongly recommended that learners read and respond to posts at least two times throughout the week. For the best learning outcomes it may be beneficial to visit the Discussion Board in the beginning, middle, and end of the week. It is expected that each learner contribute to the class discussions. Reading assignments and thoroughly exploring resources is essential for your successful development. These resources provide a starting point to help you learn and grow. Assignments and discussions with peers should reflect application of course materials. If the instructor observes a lack of class participation, the learner will receive an e-mail notice from the instructor to address the problem.

Graduate Student Code of Ethics:
The instructor holds a learner registered in this course to The University of Toledo Health Science Campus Standards of Conduct and will follow the stated procedures and sanctions outlined therein. The student is encouraged to review the Code at http://www.utoledo.edu/graduate/hsc/hsc_handbook10/Student_Code_of_Ethics.html

ADA Statement:
If you require special accommodations because of an identified condition that meets the requirements of ADA, please see the instructor. Special accommodations are made only for documented need. The instructor expects and encourages students to inform them at the beginning of the semester of any individual learning needs related to classroom participation and
performance evaluations. Accommodation of individual requests will be based upon appropriate documentation in keeping with the American with Disabilities Act, institutional policies, and the discretion of the faculty.

Academic Support Services:
Academic support services are available through the Learning Enhancement Center: http://www.utoledo.edu/centers/lec/index.html

Criteria for Written Assignments:
Times New Roman 12 point font is preferred. Use double-spacing, one-inch margins and appropriate pagination. Check paper thoroughly for grammar and spelling. Submit assignments prior to deadline via the Assignment Drop Box. If you are having difficulty submitting files try saving Word documents as RTF files.

Technological Issues:
If you are experiencing difficulty accessing the Blackboard platform or course content please contact the instructor via e-mail or phone immediately. If you are having difficulty accessing something there is a good chance that there is a technical problem that others may be facing as well. The instructor reserves the right to change due dates in cases of technical errors or difficulties. Disclaimer: “The instructor reserves the right to amend this syllabus as deemed necessary and will communicate such amendment to the students in the course.”

Weekly Schedule for Person-Centered Care Course

*Please note that this is a tentative schedule and the instructor may change readings and assignments. Check Black Board for the most up to date information

<table>
<thead>
<tr>
<th>Week</th>
<th>Topic(s)</th>
<th>Items Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>An Introduction to Person-Centered Care</td>
<td>• Reflection Assignment Due by Sunday at 11:59pm</td>
</tr>
<tr>
<td>Week 2</td>
<td>Culture change</td>
<td>• Reflection Assignment Due by Sunday at 11:59pm</td>
</tr>
<tr>
<td>Week 3</td>
<td>Occupational Therapy Values and Perceptions of Person-Centered Care</td>
<td>• Reflection Assignment Due by Sunday at 11:59pm</td>
</tr>
</tbody>
</table>
| Week 4 | Barriers to Person-Centered Care | • Article Review from Module 3 due Wednesday at 5pm  
• Submit Crossword answers by Sunday at 11:59pm  
• *Complete mid-term evaluation by Wednesday |
Your role in this course is to facilitate the learners. The material has been pre-designed, so you will need to provide the students with access to each module then oversee the Discussion Board. Students may contact you via e-mail with questions about the course. In an attempt to avoid logistical questions about how to use Black Board it is recommended that all modules be placed on the page one week prior to the beginning of the course. You may want to add an introductory module where you introduce yourself and your preferred mode of communication and welcome the learners. Encourage the learners to experiment with the Discussion Board, e-mail, and assignment Drop box. Make sure that the syllabus, schedule, and rubrics are posted at this time so the learners have time to familiarize themselves with these documents and the expectations of the course.

This course is designed based on asynchronous communication. This means that communication and learning assignments are delay (not instant). An exception would be if you
prefer to use the chat option as a form of communication with the learners. Due to the asynchronous nature of the course modules will need to be opened for student review and discussion one at a time. For example, in week one you will access Blackboard and open Module One for the students. This should be done every Sunday for the duration of the course. The course week will begin and end on Sunday. Leave prior modules accessible so learners can refer back to assignments and discussions at will. Assignments are to be submitted by 11:59 pm each Sunday unless otherwise specified.

Once the content is made available the students will complete the reading assignments, discussion assignments, and reflective assignments. This course is based on a facilitative style of teaching. This recommendation comes from Knowles (1973) research on andragogy. The learners are adults, thus they should take responsibility for guiding their own learning with the intent of applying course content to practice. The course also has a legislative component. The instructor provides the learner with the materials and assignments to facilitate learning and outlines learning expectations from day one. Each module has an explanation of the material that will be covered. Expectations and a rubric for Discussion Board participation are outlined in the syllabus.

You will want to develop a system for recording learners’ Discussion Board Participation. The fairest way to evaluate the learners is to look at their average individual participation. You should be monitoring the Discussion Boards weekly. If the learners do not create threads for each of the required discussion topics (outlined in the module) then you will need to introduce a thread with the topic.
Before opening each module make sure that you have reviewed the material and make sure that all links are still active. Also, make sure that the material is up to date. Make changes as appropriate. Do your best to grade and record assignments in a timely manner. Research has found that students learn best and have the most positive feedback about the course and the instructor when feedback is consistent and relevant (Knowles, 1973; Quitadamo, I.J., & Brown, A., 2001; Reushle, S., & Mitchell, M., 2009; Savenye, W.C., 2007; & Spector, J.M., 2007). Return assignments with a grade and feedback using your preferred method (comments feature in Word, creating an attachment, posting online, etc.). It may be a good idea to plan to return graded assignments on Thursday or Friday of the next week depending on your schedule. This will give you a little time to grade the other papers.

Post the midterm course/instructor evaluation at least one week prior to midterm. E-mail the learners once the evaluation has been posted. Analyze the feedback as quickly as possible so that you still have time to make modifications and adjustments. Send another group e-mail once you have reviewed the feedback and address any group concerns. Provide solutions that are reasonable for both the instructor and the learner as necessary.

References


Module 1: Instructor Guide
Person-Centered Care

This module introduces Person-Centered Care and the factors that began the push toward culture change. This module introduces information through the format of websites, videos, readings, Power Point Presentations, and discussion amongst peers. Encourage the learners to thoroughly review each item and share reactions with peers through the Discussion Board.

Make sure that all links and handouts are accessible. As discussed in the general instructor information, send a group e-mail and post an announcement to make sure that the learners are aware that the course is beginning and encourage them to review the course materials to avoid confusion. Begin grading and recording assignments as they come in to avoid getting backed up. Time management can be a challenge in teaching online courses.

Objectives:
1. Learners will identify and discuss the pros and cons of different types of PCC Models.
2. Learners will evaluate the feasibility of each PCC Model.
3. Learners will be able to evaluate care scenarios and determine improvements based on material from the course.
4. Learners will demonstrate an understanding of the need to provide more person-centered care.

Reflection Assignment: Prepare a one to two page essay about what “Person-Centered Care” means to you. Compare and contrast your ideas and beliefs about PCC before this module and after reviewing this module. What comes to mind? A place? A person? A buzzword? Please submit your 2-3 page Reflection assignment by Sunday before midnight.

Content to look for:
1. Does the learner discuss ideas and beliefs about PCC based on assumptions prior to this module?
2. Does the learner discuss ideas and beliefs about PCC based on assumptions after reviewing this module?
3. Does the learner compare ideas and beliefs about PCC based on assumptions after reviewing this module to prior beliefs?
4. Is the length and depth of this assignment acceptable?
Module 1
Person-Centered Care

Power Point

Person-Centered Care: How we got here.

By Kim Zinnecker

Key Components of PCC

Provide care that respects the person’s:
- Dignity
- Choices
- Self-determination

Person-Centered Care Definition
- “Person-centered care empowers residents to direct their own care and structures caregivers to be responsive to the needs of the residents.”

What is person-centered care (PCC)?
- Addressing the whole person
- Respecting individual’s values, preferences, and needs
- Providing and valuing opportunities for choice
- Promoting comfort
- Providing evidence-based care
- Encouraging appropriate involvement of family (when desired by the person)

Other Names for PCC…
- Client-centered care
- Resident-centered care
- Person-directed care
- Elder-centered care

Names for LTC Consumers
- Person
- Client
- Resident
- Elder
- Consumer
- Care-recipient
- Etc….
The Evolution of Care

- [http://www.pbs.org/newshour/health/nursinghomes/timeline.html](http://www.pbs.org/newshour/health/nursinghomes/timeline.html)
  - Care in homes
  - Institutionalization and segregation from society (“poor houses” or “almshouses”)
  - Legislation begins to give rights and financial support to elders
  - Nursing homes continue to improve through legislative action

Omnibus Budget Reconciliation Act of 1987

- Also known as OBRA of 1987
- Addressed nursing problems in nursing homes by creating Minimum Data Sets (MDS)
- Developed to protect residents and hold facilities accountable for quality care
- Serves as a starting place for care to evolve from


Impacts of OBRA 1987

- Increased federal role in quality
- Revised process of monitoring compliance
- Increased staff training
- Improved assessment of resident needs
- Has become a dynamic regulatory process

What is Culture Change in LTC?

- The evolution of care towards models that empower the consumer and make the consumer the director of his or her own care based on his or her needs and desires.
- Includes:
  - The person
  - The environment

Culture Change Models

- Eden Alternative
- The Green House
- Neighborhood Model
- The Wellspring Model
- Aging in place
The Eden Alternative

Based on 10 principles:

1. The three plagues of loneliness, helplessness, and boredom account for the bulk of suffering among our Elders.

2. An Elder-centered community commits to creating a human habitat where life revolves around close and continuing contact with plants, animals, and children. It is these relationships that provide the young and old alike with a pathway to a life worth living.

3. Loving companionship is the antidote to loneliness. Elders deserve easy access to human and animal companionship.

4. An Elder-centered community creates opportunity to give as well as receive care. This is the antidote to helplessness.

5. An Elder-centered community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place. This is the antidote to boredom.

6. Meaningless activity corrodes the human spirit. The opportunity to do things that we find meaningful is essential to human health.

7. Medical treatment should be the servant of genuine human caring, never its master.

8. An Elder-centered community honors its Elders by de-emphasizing top-down bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the Elders or into the hands of those closest to them.


10. Wise leadership is the lifeblood of any struggle against the three plagues. For it, there can be no substitute.

The Green House
http://www.pbs.org/newshour/video/module_byid.html?s=news01n3c0q51

- Please view the video.
  - After the video write a post on the discussion board about your reactions and thoughts.

Small House Model

- Small houses
- 10-12 residents share common areas of house
- Continuity of care with same staff
- Staff are universal workers
Cook
Clean
Tend to resident needs
Etc.

Wellspring Model
• Supportive of workers quality of life in addition to residents’
• Gives a guide and resources to workers within a consortium to improve resident quality of life

Aging in Place
• Older adults remain in their homes and receive services and assistance
• Check your local Area Office on Aging or Council on Aging for details

Resources
• Green House
• Eden Alternative
• Ohio PCC Coalition

**Read Chapter 29**: Client-Centered Collaboration in Willard and Spackman by Susan Ayres Rosa (pages 286-290)

**Read:**


**Review**: Nursing Home Reform Act (OBRA ’87): 20 Years of History (pdf)

**Thoroughly explore the following websites:**

**The Ohio Person-Centered Care Coalition**

• http://www.centeredcare.org/
Eden Alternative

- http://www.edenalt.org/

Green House

Please view the video.

- After the video write a post on the discussion board about your reactions and thoughts.
- http://www.pbs.org/newshour/video/module_byid.html?s=news01n3c0q51

Small House

- http://www.otterbein.org/video-library

Keep in mind that no single approach is perfect, and there is limited research backing all of these approaches. After reviewing these resources comment on the discussion board about what you learned, found interesting, or reactions you would like to share. Interaction with peers is expected. Please comment at least twice within the week. I recommend posting once earlier in the week and once toward the weekend to ensure quality discussion.

Reflection Assignment: Prepare a one to two page essay about what “Person-Centered Care” means to you. Compare and contrast your ideas and beliefs about PCC before this module and after reviewing this module. What comes to mind? A place? A person? A buzzword? Please submit your 2-3 page Reflection assignment by Sunday before midnight.

Handouts

## NURSING HOME REFORM ACT (OBRA ‘87): 20 YEARS OF HISTORY

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987</td>
<td>OBRA ’87 requires sweeping changes in federal standards to improve standards of care in nursing homes.</td>
</tr>
<tr>
<td>1989</td>
<td>HHS issues some regulations for OBRA ’87.</td>
</tr>
<tr>
<td>1990</td>
<td>No significant implementation of many of the law’s standards.</td>
</tr>
<tr>
<td>1995</td>
<td>Institute of Medicine (IoM) publishes “Nursing Staffing Ratios in Nursing Homes” finding significant improvements.</td>
</tr>
<tr>
<td>1996</td>
<td>CMS begins including some data on number and types of nursing staff on the agency’s “Nursing Home Compare” website.</td>
</tr>
<tr>
<td>1997</td>
<td>CMS establishes “Nursing Home Compare” website.</td>
</tr>
<tr>
<td>1998</td>
<td>HHS publishes final enforcement rules for OBRA ’87.</td>
</tr>
<tr>
<td>1999</td>
<td>“Nursing Home Compare” website.</td>
</tr>
<tr>
<td>2001</td>
<td>CMS reports that allegations of abuse are often not reported promptly nor prosecuted fully.</td>
</tr>
<tr>
<td>2002</td>
<td>CMS states that it will pursue a regulatory change to require the installation of smoke detectors in nursing homes and plans to include fire safety data on “Nursing Home Compare” website.</td>
</tr>
<tr>
<td>2003</td>
<td>New requirement for nursing homes to post daily staffing levels takes effect, requiring facilities to include the daily staffing levels.</td>
</tr>
<tr>
<td>2004</td>
<td>GAO report requested by Senators Herb Kohl and Charles Grassley, “Nursing Homes: Despite Increased Oversight, Challenges Remain in Ensuring High-Quality Care and Resident Safety,” finds inconsistencies in how state surveyors conduct inspections and cite serious deficiencies.</td>
</tr>
<tr>
<td>2005</td>
<td>Special Committee on Aging “THE NURSING HOME REFORM ACT TURNS TWENTY: WHAT HAS BEEN ACCOMPLISHED, AND WHAT CHALLENGES REMAIN?” GAO report, “Nursing Homes: Efforts to Strengthen Federal Enforcement Have Not Deterred Some Homes from Repeatedly Failing Residents,” finds “inadequate sanctions” policy.</td>
</tr>
<tr>
<td>2006</td>
<td>GAO report requested by Senators Herb Kohl and Charles Grassley, “Nursing Homes: Despite Increased Oversight, Challenges Remain in Ensuring High-Quality Care and Resident Safety,” finds inconsistencies in how state surveyors conduct inspections and cite serious deficiencies.</td>
</tr>
<tr>
<td>2007</td>
<td>Special Committee on Aging “SAFEGUARDING OUR SENIORS: PROTECTING THE ELDERLY FROM PHYSICAL AND SEXUAL ABUSE IN NURSING HOMES” GAO report, “Nursing Homes: More Can Be Done to Prevent Residents from Abuse,” finds that allegations of abuse are often not reported promptly nor prosecuted fully.</td>
</tr>
</tbody>
</table>

### Resources


Module 2: Instructor Guide
Structure of Culture Change

In order for us to bring about culture change we must first understand the structure of the beast. This module introduces the learners to culture change through evidenced-based articles, Power Point Presentations, and introductions to prominent Person-Centered Care Coalitions. Taking on culture change is a daunting advocacy task; however this module provides the learners with some helpful tools.

Your role in this module is to make sure that all resources and handouts are available for the learners. Grade and record assignments from Module 1. You will also need to keep up with discussions on the discussion board to make sure that the learners are benefiting from their interactions with peers. Redirect and introduce topics into discussion as necessary. Remember that some learners may have negative or skeptical perspectives on the topic of culture change. This is ok. The Facilitative style of instructing encourages learners to explore the material and encourages thoughts and feelings. However, if in the off chance the entire class is headed down the slippery slope you may want to jump in and provide thought provoking questions to lead them in the other direction.

Objectives:
1. Learners will express the perceived benefits of the advocacy coalitions through discussion with peers.
2. Learners will be prepared to initiate culture change through a thorough understanding of the culture change process.
3. Learners will express empathy toward marginalized individuals and advocate for personal and cultural change.
4. Learners will value Person-Centered Care.

Reflection Assignment: This is the website of The Western New York Alliance for Person-Centered Care (WNYAPCC). Please review this site and share your thoughts with your classmates on the discussion board. Make sure that you do not miss the audio clip titled “A Day
in the Life.” After listening to the clip prepare a one to two page reaction to the clip. Address how the story makes you feel, the occurrences that you perceive as problems, and ways that care could be more person-centered.

http://www.wnyapcc.com/motivation.html

Content to look for:
1. Does the learner address how this clip made him/her feel (demonstrate empathy)?
2. Does the learner address subpar or problematic condition?
3. Does the learner suggest improvements or solutions to sub-par treatment?

Module 2
Structure of Culture Change
The purpose of this module is to address the structure of culture change. Culture change can range from simple changes in the way that we approach our clients to more extensive organizational restructuring or environmental rebuilding. This module will examine the evolution of long-term care and change from an organizational level.

Review both of the Power Point Presentations.

The Structure of Culture Change
Kim Zinnecker
- Objectives
- Demonstrate an understanding of why the culture of long-term care has changed
- Demonstrate an understanding of culture and organizational structure
- Demonstrate an understanding
- Organization
- An organization refers to the long-term care industry and specific long-term care facilities
- Organization Structure: the members of an organization and how they might interact with one another (hierarchical organizational chart)
- Organization Culture: the values, beliefs, and expectations of members
- Factors Driving Change
  1. Organization’s environment (outside forces)
     - Market forces
     - Regulatory
     - Changing styles
     - Changing preferences
     - Political trends
     - Legal trends
     - Finances
     - Factors Driving Change
  2. Organization’s internal forces
     - Initiatives of management
     - Internal political forces
     - Finances
- Behavior of an Organization
1. Artifacts- observable aspects of culture
   – How the staff dresses
   – If they pack a lunch
   – Display personal belongings in environment
   – Use of therapy gym vs. in other environments

2. Behavioral norms
   – Rules for interaction
     • Managed through rewards and sanctions
   – Behavior of an Organization

3. Beliefs, Values, and Assumptions
   – Team vs. autonomy
   – Respect for individualism
   – Stability vs. flexibility
   – Novel vs. traditional

• Organizations are made up of cultures and sub-cultures
• No one culture is perfect
• Change Process
1. Recognize the need for change
2. “Unfreeze” the current practices picking out flaws and areas for improvement
3. “Refreeze” the organization at a new desired function

• How Change Occurs from Environmental Demands
1. Evolutionary Process: Change occurs constantly over time spontaneously through growth/learning of an organization
   OR…
2. Deliberately from the inflorescences of external forces
   OR…
3. Revolutionary Process: changes in power within the organization
   • Change as a Managed Process
   • Leaders take an opportunity to make the organization better
     – A new vision exists
   • Process of Organizational Change
     1. Understand the current state of the organization culture (beliefs, values, and norms)
     2. Develop a vision that better meets the needs of the culture
     3. Make the transition to the desired state
     4. Intentionally align structure, systems, and policies with the new culture.

This is an oversimplified version of a very difficult process!

• References

☐ A Plan for Change
☐ Kim Zinnecker
☐ Objectives
☐ Learner will:
  ☐ Understand the steps needed to bring about change
Be able to apply these steps to his/her personal plan for continuing professional competency in PCC

Bringing About Change
Now that you have learned about the need for culture change and organizations and their cultures we will discuss how to begin the change process.

Common Mistakes that Hinder Change
According to Kotter (1996):

- Allowing too much complacency
- Failing to create a sufficiently powerful guiding coalition
- Underestimating the power of vision by a factor of 10 (or 100, or even 1,000)
- Common Mistakes that Hinder Change Continued…
- Permitting obstacles to block the new vision
- Failing to create short-term wins
- Declaring victory too soon
- Neglecting to anchor changes firmly in the corporate culture
- Kotter’s 8 Steps of Creating Major Culture Change
  1. Establishing a sense of urgency
  2. Creating the guiding coalition
  3. Developing a vision and strategy
  4. Communicating the change vision
  5. Empowering broad-based action
  6. Generating short-term wins
  7. Consolidating gains and producing more change
  8. Anchoring new approaches in the culture

1. Urgency
   - Once a need for change is established it’s time to do!
     - Avoid the usual quick fixes (e.g. identical plans of care/treatment for everyone)
     - See all sides of the issue that requires change (the good, the bad, and the ugly)

2. Creating a Guiding Coalition
   - The dedicated team leaders
     - Necessary to brush up on communication within the organization or therapy team
     - Be open to feedback from the department, the facility, and the clients

3. Developing a Vision and Strategy
   - What should the scenario/care look like after the culture change?
   - What are the desired outcomes?
   - What are the values, ethics, and beliefs being addressed?
   - This involves all stakeholders
     - Therapy team members
     - Nursing
     - CNAs
     - The clients
     - Etc.

4. Communicating the Change Vision
   - Get the word out to the stakeholders and be accountable
     - Kick off events
     - A series of meetings
Diverse medium of communication

5. Empowering Broad-Based Action

- Help individuals get over the barriers that kept them from being empowered in the old culture
- Address culture change related fears
- How comfortable is the team becoming at taking risks?

6. Generating Short-Term Wins

- "Wins" predetermined by the leaders should be recognized and rewarded (e.g. a therapist once did only UE therapy with a person and now the therapist has begun discussions about what the person would like to be able to do at home and what the person’s hobbies are)

- This is not the end of the change!

7. Consolidating Gains and Producing More Change

- The vision of the desired culture should appear
- The team, not the leaders, continue to make changes toward the desired outcomes
- Applications of the new culture appear (new projects, new use of space, new use of equipment, etc.)

8. Anchoring New Approaches in the New Culture

- Better outcomes for residents and staff are apparent
- New staff training, policy and procedure, daily practices, and in-services, etc. reflect the new culture

Development Plan

- Keep this change process in mind as you continue through the rest of the semester. One of the roles as a therapist is to advocate for our clients. You will be completing a plan to continue enhancing your competency in person-centered care to enhance the quality of therapy you provide for your clients. See syllabus for more details.

References


Read and discuss the following with your peers:


Review the following websites and browse the resources and tools. Discuss these sites and tools with your peers. What do you find to be helpful or interesting? How might these sites and tools contribute to culture change and advocacy?

This is one of many resources available that helps LTC facilities to adopt culture change.
Pioneer Network
The Pioneer Network is the “pioneer” in long-term care culture change.
http://www.pioneernetwork.net/

The Ohio Person-Centered Care Coalition
This website provides many links and resources that support interested parties in moving toward more person-centered approaches to care. Be sure to check out the “Resource” tab.
http://www.centeredcare.org/

Reflection Assignment: This is the website of The Western New York Alliance for Person-Centered Care (WNYAPCC). Please review this site and share your thoughts with your classmates on the discussion board. Make sure that you do not miss the audio clip titled “A Day in the Life.” After listening to the clip prepare a one to two page reaction to the clip. Address how the story makes you feel, the occurrences that you perceive as problems, and ways that care could be more person-centered.
http://www.wnyapcc.com/motivation.html

Handouts


Resources


**Module 3: Instructor Guide**

**Occupational Therapy Values**

This module explores the Occupational Therapy’s professional values. Understanding the values of the profession are fundamental in discussing Person-Centered Care. OT’s professional values demand Person-Centered Care. We need to be leaders in Person-Centered Care. The websites and assignments in this module were designed to empower the learners.

It is essential for the learners to dig into these websites and understand what the professional organizations have to offer. Thus, your role is to make sure first that the links are accessible and second that the learners are engaging in thoughtful discussions about the material. You may need to re-direct discussions that become centered strictly around “I agree” statements.

The purpose of this module and course is to get the learners engaging with others and exploring the resources to enhance the quality of care they provide. Encourage learners to share relevant resources that they find on their own with their peers.

**Objectives:**

1. Learners will explore the benefits of professional OT organizations.
2. Learners will engage in thoughtful discussions with peers that demonstrate understanding of professional values.
3. Learners will analyze and report on an evidence-based article.
4. Learners will demonstrate appropriate use of OTPF terminology through discussions with peers and discussion about the assigned reading.

**Reflection Assignment:** Why did you want to become a therapist? Be honest with yourself. In two to three pages summarize your story to becoming a therapist. What values and beliefs discussed this week do you find to be the most important and why?

**Content to look for:**

1. Does the learner address all prompts?
2. Does the learner integrate his/her values and beliefs?
3. Does the learner incorporate relevant course material?
Module 3
Occupational Therapy Values

Reviews of the literature and observations of therapists in long-term care settings demonstrate the existence of a disconnect between holistic occupational therapy values and beliefs and actual holistic treatment. Throughout this module we will explore the core values and beliefs of OT.

Power Point
- Occupation and Occupational Therapy
  Kim Zinnecker
  - Occupation
  - CFTO Definition: Something that is done by an individual that has meaning and purpose for that individual.
  - Research supporting participation in meaningful occupations as a means to increase health and quality of life:
    - Freysinger, Alessio, & Mehdizadeh, 1993
    - Garton & Pratt, 1991
    - Larson & Verma, 1999
    - Law, Steinwender, & Leclair, 1998
  Review AOTA CATs, CAPs, Evidence Perks, and Evidence bytes on http://www.aota.org/Educate/Research/PA.aspx
- Discussion Board Topics
  1. How do you define occupation?
  2. How do you describe occupational therapy when someone who is unfamiliar with OT asks?
  3. Do your definitions include the words “occupation,” “ kinda like physical therapy,” or “ upper body”?
- Occupational Therapy
  “Occupational therapy focuses on enabling individuals and groups to participate in everyday occupations that are meaningful to them, provide fulfillment, and engage them in everyday life with others. Our focus is on enhancing participation” (Law, 2002).
  - Eleanor Clarke Slagle Lecture- 2005
    “Embracing Our Ethos, Reclaiming Our Heart”
  - Presenter: Suzanne M. Peloquin
  “A profession’s ethos is thus an interlacing of sentiment, value, and thought that captures its character, conveys its genius, and manifests its spirit. An ethos carries beliefs so fundamental and sound that they endure, both transcending and supporting the particularities of shifting paradigms.”
  - Eleanor Clarke Slagle Lecture- 2005
    “Embracing Our Ethos, Reclaiming Our Heart”
- Beliefs Surrounding Occupation:
  1. time, place, and circumstance open paths to occupation
  2. occupation fosters dignity, competence, and health
3. occupational therapy is a personal engagement
4. caring and helping are vital to the work
5. effective practice is artistry and science
   • Core Values of OT
   1. Altruism
   2. Equality
   3. Freedom
   4. Justice
   5. Dignity
   6. Truth
   7. Prudence
   • Occupational Therapy Code of Ethics and Ethics Standards (2010)
   • BENEFICENCE
     • Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.
   • Occupational Therapy Code of Ethics and Ethics Standards (2010)
   • NONMALEFICENCE
     • Principle 2. Occupational therapy personnel shall intentionally refrain from actions that cause harm.
   • Occupational Therapy Code of Ethics and Ethics Standards (2010)
   • AUTONOMY AND CONFIDENTIALITY
     • Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination.
   • Occupational Therapy Code of Ethics and Ethics Standards (2010)
   • SOCIAL JUSTICE
     • Principle 4. Occupational therapy personnel shall provide services in a fair and equitable manner.
   • Occupational Therapy Code of Ethics and Ethics Standards (2010)
   • PROCEDURAL JUSTICE
     • Principle 5. Occupational therapy personnel shall comply with institutional rules, local, state, federal, and international laws and AOTA documents applicable to the profession of occupational therapy.
   • Occupational Therapy Code of Ethics and Ethics Standards (2010)
   • VERACITY
     • Principle 6. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.
   • Occupational Therapy Code of Ethics and Ethics Standards (2010)
   • FIDELITY
     • Principle 7. Occupational therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity.
   • References
   • AOTA. (2010). The occupational therapy code of ethics. *Journal of Occupational Therapy, 64, S4-S16. doi:10.5014/ajot.2010.64S4*

**Check out this website.** Some of the material talks about pediatric material, but I think the site does a great job of describing the domains of practice and the OT process. The Occupational Therapy Practice Framework is the replacement for Universal Terminology. Please explore all the terms under domain (this is the current terminology accepted by AOTA). Be sure to review the “Standards of Occupational Therapy Practice” pdf at the bottom of the training and certification page. This pdf is also available at AOTA.org.


Develop a brief **Power Point or handout** that explains this article to your peers. Be sure to include implications for practice or future research. Use the OTPF terminology where appropriate. This assignment is due by Wednesday at 5pm of next week via the Assignment Drop box. It is worth 2.5 points. You will be graded on the following:

<table>
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<tr>
<th>Topic</th>
<th>Yes or No</th>
<th>Comments</th>
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<tr>
<td>1. Does the student demonstrate understanding of the article and findings? (1 points)</td>
<td></td>
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<tr>
<td>2. Does the student briefly touch on all areas of the article (lit. review, research questions, method, results, discussion/implications)? (1 points)</td>
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<tr>
<td>3. Is the presentation acceptable for an audience (professional)? (.5 points)</td>
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<tr>
<td>Total Points</td>
<td>/2.5</td>
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Watch the following:

**The Future of OT and AOTA**
[http://www.youtube.com/watch?v=BDzOWat_8Bk](http://www.youtube.com/watch?v=BDzOWat_8Bk)

**OT Rap**
[http://www.youtube.com/watch?v=ncqQBoxPz3Y&tracker=False&NR=1](http://www.youtube.com/watch?v=ncqQBoxPz3Y&tracker=False&NR=1)

Visit AOTA and OOTA websites. What information is available to help you provide quality evidence-based treatments? Please discuss the sites on the discussion board.
Be sure to log in and check out the CATs and CAPs. They are located under the Researcher-Educator tab; then click on Evidence-Based Practice & Research. Search the “Productive Aging” section and comment on your findings. Explore the other topics at your leisure.

Visit the OOTA website. What advocacy and resources are offered in your region? Be sure to check out conference (if applicable), mid-year (if applicable), and CEUs.

Reflection Assignment: Why did you want to become a therapist? Be honest with yourself. In two to three pages summarize your story to becoming a therapist. What values and beliefs discussed this week do you find to be the most important and why?

Handouts


Resources


USC OT Department. (2010). The future of OT and AOTA. Retrieved from http://www.youtube.com/watch?v=BDzOWat_8Bk
Module 4: Instructor Guide

Barriers

Through observation and feedback from practicing therapists it has become apparent that many of the barriers to Person-Centered Care go beyond the environment. The purpose of this module is to get the learners thinking about the barriers and challenges that they have control over. After recognizing barriers the hope is that the material facilitates the learners to critically consider solutions.

This module relies greatly on the independence and autonomous decision making of the learners. Your role is to provide the learning materials and encourage the learners to participate. These ethical concerns and barriers were designed to leave some information out in an attempt to make the scenarios more realistic and spark more discussion. There is no specific correct answer, but you will want to address comments on the Discussion Board that provide unethical, harmful, or blatantly unrealistic solutions. It is up to the learners to take control of their learning.

For this module you will need to make sure that the links are accessible. Grade Article Review Assignments. They should be submitted by Wednesday at 5pm. Begin compiling feedback from the midterm.

Objectives:
1. The learners will recognize and critically consider barriers and excuses that hinder Person-Centered Care.
2. The learners will identify and analyze scenarios that present ethical concerns.
3. The learners will engage in discussions and consider diverse approaches to overcome barriers.

Reflection Assignment: Complete the Person-Centered Care crossword. The crossword reviews terms related to PCC and values discussed in the prior learning module. Submit answers in the format of a word document. Review terms discussed in Module 3, and discuss with your peers if you need to. This assignment is your Reflection Assignment for the week.
Grading: As long as the learner makes a quality attempt at the crossword puzzle award the full 5 points.
Module 4
Barriers

The topic of this module is barriers to Person-Centered Care. Practicing therapists note a variety of barriers and/or excuses as to why treatments are not person-centered. This module will address some of these barriers and the ethical issues surrounding them.

Complete the Person-Centered Care crossword. The crossword reviews terms related to PCC and values discussed in the prior learning module. Submit answers in the format of a word document. Review terms discussed in Module 3, and discuss with your peers if you need to. This assignment is your Reflection Assignment for the week.

Please read:

Findlay’s findings suggests…

1. Therapists value holism and seeing their clients as individuals.
2. Therapists have different perceptions of “holism” due to diverse values and beliefs. “The participants tended to merge different ideas, blending notions of humanism and person-centered, health-oriented practice into their personal versions of more general professional values.”
3. Therapists were aware of what they should be doing, but they are not reaching their own expectations for a variety of reasons.

The top excuses for NOT providing quality person-centered care… (these are real excuses from therapists)
- My facility doesn’t really do that (PCC).
- I just don’t have time.
- It hard to do a quick thorough evaluation that really lets you know the person.
- The resident doesn’t really know what’s best for him/herself.
- It’s hard!
- My manager wants me to meet productivity standards and I am at multiple buildings so sometimes I feel like I am not able to give quality treatments all the time.
- This is just the way I/we have always done things.
- I never really thought about my treatments being or not being person-centered.
- I always thought that my treatments were person-centered…I let them pick what they want to do.
- I usually get some things out and do the same thing with all my residents throughout the day. It’s easier that way.

Discuss these excuses (and others you’ve heard) and ways around them. For example, another excuse is… “We don’t have many materials and I can’t afford to buy materials.” Solutions: Make friends with the Recreational Therapist! RT typically has a larger budget than
some other departments and in some cases RT is looking for group activities to do. Make it a “two-fer.” RT has an activity and you can plan a therapeutic group!

**This is a pretty fun video!**
http://www.youtube.com/watch?v=vu6tpphpJMQ

**Please share your thoughts about this video with your classmates.**
http://www.youtube.com/watch?v=NB1I2eV64cw

Person-centered care sounds extremely simple in theory; however putting principles into practice can be quite a challenge. The following are some examples of therapy scenarios. Use your clinical judgment and you knowledge of person-centered care to decide what you would do in these scenarios. I know I have not given you all the information that you might need to make a decision, but this is often times how therapy works. Time constraints and environmental factors may force you into cases where a snap decision is required. **Discuss the following with your classmates on the Discussion Board.**

**Case Example 1:** A therapist is scheduled for 65 minutes with a resident. This resident has just come to the facility, and she needs a bariatric mattress. Maintenance/environmental services has sent a nurse to the therapy gym to ask you to come work with the resident so the mattress can be switched out when the resident gets out of bed. You are currently working with another resident, and you are 40 minutes into a 60 minute scheduled session. The resident you are working with is not having a great therapy day. What should you do? What is the issue at hand from a PCC perspective?

**Case Example 2:** You are swamped today! Your Director of Rehab has given you the most residents you have ever had on caseload in one day…and of course you have an appointment that you cannot miss at 4:00pm across town. Your day just keeps getting better because the majority of the residents you were assigned to treat for the day are in reference (you have to treat them for the full time to capture the full payment for the reference period in the Prospective Payment System). You are doing pretty well with the hand you have been dealt. You have grouped some of the residents who had group time available and you have one resident left. It is 3:00pm and you need to leave by 3:45pm! This resident had agreed to work on transfers today, but when you got there he was in bed and yelled at you to get out because he “didn’t want to be bothered.” You are running low on time and he is in reference…what do you do? What if this resident was sleeping when you went in? What is the issue?

**Case Example 3:** Mr. Slydell is down in the gym sitting in his wheelchair. He finished working with another discipline about twenty minutes ago. The nurse came in shortly after his last session and gave him his meds. His meds always make his pain more manageable, but he becomes very drowsy after he takes the meds. You have an opening in your schedule. Mr. S. is drowsy and hard to keep aroused and motivated. What should you do (your schedule is pretty full!)?

**Case Example 4:** Ms. Barker is what people would call a “difficult” resident. You have been working with her for seven sessions and she becomes agitated and acts out when you politely encourage her to get out of bed. All of the staff has warned you that she is a real pain in the you
know what! What should you do to get this lady to work with you? Does she have to work with you?

For this module you will complete a Session Analysis. Please complete this assignment in 3-5 pages (type written and double spaced). The purpose of this assignment is to get you thinking about the treatments you are providing and how those treatments could be more occupation-based and person-centered for the benefit of the resident. You have two weeks to complete this assignment, but you may submit your paper anytime before the due date via the assignment drop box. Feel free to discuss improvements to your intervention with classmates via chat or the discussion board. However, I do not want to see identical papers. Honesty with yourself will be beneficial in recognizing areas for improvement in providing quality person-centered care.

Part I: Think of a session with a particular resident/person. Write a summary about the resident and his/her deficits and of what you did with that resident. Please note the following: 1) how long did you work with that resident?, 2) what was done? 3) were you working with anyone else at the time?, 4) were you were speaking to another therapist or team member during the session? (if so, what was being talked about?), 5) what was going on around you (noises, distractions, visual stimuli, etc.)? 6) what was the resident’s response (verbal responses, non-verbal, fatigue, etc.)? 7) why was the task performed (what purpose did it serve for the resident/ you)? 8) what items did you use and what other items were available? 9) Include any other details that you think are pertinent.

Part II: Was your session occupation-based? Was it person-centered? Please describe why or why not using resources discussed in the course. Describe how your sessions have gone better (been more occupation-based, utilized different materials, been more person-centered, etc.)? Give examples. Keep in mind that no one is perfect. If we provided perfect therapy every time then we would not be human.
Session Analysis Rubric

Well thought out, grammatically correct writing is expected. It is also expected that the student will integrate course material and references into responses as appropriate for Part II. A reference list should be included at the end of this assignment.

Criteria

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<td><strong>Part I</strong></td>
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<tr>
<td>Did the student provide a through summary of the resident’s deficits and the purpose of session? (2 points)</td>
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<td>Did the student adequately address all the prompts in Part I? (5 points)</td>
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<td><strong>Part II</strong></td>
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<td>Did the student adequately reflect upon the session using the provided prompts? (5 points)</td>
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<td>Did the student provide appropriate improvements to the summarized occupation? (5 points)</td>
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<td>Did the student incorporate appropriate references and provide a reference page? (2 points)</td>
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<td>Was the assignment submitted on time? (1 point)</td>
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Handouts


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### Person-Centered Care Crossword

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<th>DOWN</th>
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<tbody>
<tr>
<td>1 You get CEUs to keep your sweet skills</td>
<td>1 Should be given to residents to enhance autonomy</td>
</tr>
<tr>
<td>2 Addressing the bio, psycho, &amp; social aspects of a person</td>
<td>4 &quot;I made this for you just to be nice!&quot;</td>
</tr>
</tbody>
</table>
| 3 The ideals, customs, institutions, etc. of a society toward which the people of the group have affective regard | 5 "Please let me get undressed in the shower room instead of wheeling me down the hall with a gown on."
| 6 Confidence in the truth or existence of something not immediately susceptible to rigorous truth | 6 Anything that restrains or obstructs progress or access |
| 7 Dull or uninteresting (using the arm bike and weights every time) | 8 One of the most overused adjectives for clients who we are not able to easily reach |
| 9 A number of persons associated in a joint action with a common goal | |
| 10 "you get half... I get half" | |
| 11 On your side, hint your professional organizations help you with this | |
| 12 That's not change... that's more of the same | |
Resources


Module 5: Instructor Guide

Evidence

This module focuses on finding and evaluating evidence to support our treatments. Research and developing evidence-based interventions has become an essential aspect of occupational therapy. This module provides a plethora of resources that can be accessed from anywhere.

Review the resources and make sure that the links and resources are accessible. Grade reflection assignments and record grades. Review midterm evaluations and make modifications to the course and teaching style as necessary. Try a more legislative or authoritarian style if learners need more structure, otherwise stick with the facilitation style of learning. Make changes to course as necessary based on feedback. Facilitate and guide learner discussions in a productive direction.

Objectives:
1. The learner will explore and utilize various search engines and search tools to locate research articles as demonstrated in the Reflection Assignment.
2. The learner will evaluate research based on its approach, reliability, and validity.
3. The learner will retrieve and evaluate a quality research article on the topic of Person-Centered Care using the discussed techniques.

Reflection Assignment: This week we have been discussing evidence and how to determine if the information you have found is relevant, valid, and reliable. Now we will put your newfound
skills to work. For this assignment you will find an article that supports Person-Centered care/practice with older adults. Use any of the search engines that you prefer and be sure to keep your search relevant to the topic (hint: this may cause you to try different search phrases or different search engines).

Read the articles (or at least abstracts) then once you find a quality research article on this topic paste the abstract and citation into a word document or Power Point. Then describe how the article is relevant to the topic and what you learned from the article. Finally, describe the type of article that you picked (e.g. case study, control study, meta-analysis, etc.) and how you determined that the article was a quality article based on the materials you reviewed in this module. You can submit this assignment as a word document or as a Power Point (which ever you prefer).

Content to look for:
1. Does the learner pick a non-editorial article on the topic of PCC.
2. Does the learner provide an abstract for the article?
3. Does the learner describe the relevance and what he/she learned from the article?
4. Does the learner note the type of study?
5. Does the learner explain why the article is believed to be of quality?

**Module 5**

**Evidence**

I am sure some of you dread hearing the term “Evidence-Based Practice.” Don’t fret! It is not nearly as scary as it seems! As you well know, the insurance companies are cracking down. They want to make sure that the therapy they are investing in will work. Many times we know that things work because they do! Unfortunately justifying a treatment with this response is not sufficient. It is our responsibility to be informed about the current best practices and understand the theory behind the treatments we are providing. This week we will take a look at how to find, evaluate, and understand evidence.

**Discussion Board:** Discuss with your peers the assignments that you found to be most helpful this module and explain why. Share any information that you came across and found to be interesting.

Please review the following Power Point by clicking on the link below. This Power Point provides you with an overview of what to look for when finding articles to back Evidence-Based Practice. OTSeeker is a great (free) resource for evidence.

http://www.otseeker.com/resources/pdf/Introduction%20to%20EBP.pdf

Check out the following sheet on Evidence-Based Practice from AOTA. This page suggests places to find evidence and resources that can help you better understand the evidence.


The Washington University website will walk you through doing effective searches in order to find quality information. Select “next pg.>>” to continue to the next interactive learning unit. Answer the questions and the reviews in the unit to check your mastery.
Don’t forget about Google! Google has a “Scholar” search option. Select “Scholar” from the drop down “more” tab on the Google home page then type in the topic you want to find articles about.

Sometimes all you need is background information about a diagnosis. The Internet can be a great quick resource. However, you need to critically evaluate the material and the source. Review the following website. This site provides some guidance for evaluating sources.

http://olinuris.library.cornell.edu/ref/research/webcrit.html

I came across this while using Google. Explore the CiteULike website. You can save articles that you have found in your own bibliography library. You can also share citations and articles with others. Browse the site and share your feelings about the site on the discussion board.

http://www.citeulike.org/

The following is a link to OT sources compiled by one of the site users.

http://www.citeulike.org/group/408/article/961163

Check out your public library website. It’s free! All you have to do is get a card. The library has a collection of journals. If you find a book that you would like to check out, but it is not at your local branch you can request that the book be sent to your local branch for pick up. Explore your library’s website and report to your classmates what you find. Many of the public libraries offer access to EBSCO, Academic Search Premiere, and ProQuest, which offer full text research articles.

This page on the University of Toledo Mulford Library Site shows the importance of different types of research.

http://libguides.utoledo.edu/ebp

You want to make sure that the information you retrieve:

- is from a reliable source
- is up to date (can usually be found at the bottom of the page or in citation)
- is free of opinions
- explains how information was compiled
- has a listed author

**Reflection Assignment**: This week we have been discussing evidence and how to determine if the information you have found is relevant, valid, and reliable. Now we will put your newfound skills to work. For this assignment you will find an article that supports Person-Centered care/practice with older adults. Use any of the search engines that you prefer and be sure to keep
Read the articles (or at least abstracts) then once you find a quality research article on this topic paste the abstract and citation into a word document or Power Point Presentation. Then describe how the article is relevant to the topic and what you learned from the article. Finally, describe the type of article that you picked (e.g. case study, control study, meta-analysis, etc.) and how you determined that the article was a quality article based on the materials you reviewed in this module. You can submit this assignment as a word document or as a Power Point (which ever you prefer).

**Resources**


Module 6: Instructor Guide  
Communication and Therapeutic Use of Self

This module addresses basic tips for effective therapeutic use of self. Renee Taylor is one of the leading researchers in therapeutic use of self as it pertains to occupational therapy. Begin the week by familiarizing yourself with her work and reviewing the material.

Take the Emotional Intelligence Quiz and the Personality Quiz to make sure that the links still work and that you have experienced them. This module has an online quiz. The quiz will need to be linked to your e-mail for you to receive the results. This is accessible at http://www.zoomerang.com/. Login is at the top of the page. The e-mail is kzinnecker@gmail.com (you will need to change this under account) and the password is “Instructor!” This is case sensitive. Follow the site instructions to add recipients (class members).

Objectives:
1. The learners will demonstrate comprehension of Modes of Communication through completion of a 12-question quiz.
2. Learner will use information about his or her preferred Modes of Communication, emotional intelligence, and personality to develop a plan for improvement.
3. Learner will demonstrate an understanding of how his or her discussed characteristics impact interactions with the resident, resident’s family, and team members.

Reflection Assignment: Briefly in two to three pages describe what you learned about yourself (emotional intelligence/personality) and your preferred Modes of Communication in this module. Then explain how these things relate to you as a therapist and how you interact with the residents, resident’s family, and team you work with.

Content to look for:
1. Did learner meet page requirement?
2. Did the learner refer to material mentioned in this module and within the course?
3. Did the learner discuss how these findings impact him/her as a therapist?

Module 6  
Communication and Therapeutic Use of Self

![Image](www.callcentercomics.com)
This module focuses on communication and interactions with clients/residents. Communication is a very important part of interacting with clients. Without good communication all other attempts to be person-centered can be futile. This comic reflects some of the attitudes of practicing therapists. Sometimes a better treatment is the product of a minor change such as a change in the mode of communication or really listening to what the client is telling us.

“Therapists must be consciously aware of a client’s characteristics so that when interpersonal events transpire, the therapist may respond in a therapeutic manner. This requires them to acutely aware of their own unique responses to particular behaviors and events.” – Renée R. Taylor, PhD

Check out the Power Point. Keep these assignments in mind when you begin your Personal Development Plan.

- Therapeutic Use of Self
- Kim Zinnecker
- Therapeutic Relationship
- “The therapeutic relationship is the central aspect of the therapeutic process of occupational therapy and one catalyst for change” (Price, 2009, p. 329).
- Therapeutic Use of Self
- “Planned use of his or her personality, insights, perceptions, and judgments as a part of the therapeutic process” (Taylor, Lee, Kielhofner, & Ketkar, 2009, p.198).
  - Personality
  - Insights
  - Perceptions
  - Judgments
- Studies on Therapeutic Use of Self
- Findings:
  - Therapists with the following skills may be better at achieving better therapeutic relationships:
    - Greater confidence
    - Greater awareness of thoughts and feelings
    - Greater orientation toward interpersonal aspects of therapy
- Therapists’ Characteristics
- Some are naturally better at relating to people than others
- Some are better at reading people than others
- Some are better at understanding and conveying feelings than others…
- The Client/Resident is the main concern…
- Get to know your strengths and areas for improvement
  - It will make you a better therapist and your residents will benefit
  - Develop a plan to address areas for improvement
  - Set short and long-term goals as you would with a plan of care
- Example
- Uncomfortable with feelings by resident and disengage…
Long-term goal: I will interact in difficult emotional sharing 100% of the time by actively listening, encouraging the client to continue (when appropriate), making appropriate empathetic remarks, etc.

Short-Term Goal
I don’t feel comfortable sharing personal experiences or my own feelings right now but….

Short-term: I will listen to what the client has to say and summarize how they say they are feeling when a client is sharing.

Empathy
Being able to put yourself in the other person’s shoes
  ◦ Not the same as sympathy (feeling sorry for a person)

STOP!!
It is difficult to empathize with residents who are mean and nasty…
Remember that there is a reason they are behaving the way they are.
Factors that could influence “difficult” clients
1. The person does not understand who you are or what you are doing
2. The person wants to feel control by having choices
3. The person has unmet needs
4. The person cannot tell you what he/she needs or wants
5. The person feels trapped by the environment
6. The person has unaddressed feelings about his or her health and/or situation
7. The person does not like the way you approached them

Plateau
The resident is not making any more progress
  ◦ Use your clinical reasoning…why?
    • Is the person tired of doing all the same treatments?
    • Is the person practicing relevant tasks for discharge setting?
    • Is the person tired of you?

Do not settle for hear say!
Just because a person says that he or she can do something does not necessarily mean he or she can actually perform the occupation.
  ◦ Have the person do the occupation or simulate the occupation

References


Communication is one of the key components of providing quality care. A lot of times we take our interactions with residents at face value and do not question our approach until there is a problem or a conflict arises. Sometimes the therapist and the resident are just not going to see eye to eye, however the way that we approach topics that stir emotions in residents can make all the difference. We change our mode of communication throughout the day, moment-to-moment,
resident to resident. Renée Taylor provides a model that enhances our awareness of how we interact with other in a therapeutic manner.

Renée Taylor, PhD, is a Clinical Psychologist and OTR. Dr. Taylor and her late husband, Gary Kielhofner, DrPH, OTR/L, FAOTA, have made a number of contributions to the research base in the profession of Occupational Therapy. Dr. Taylor’s research emphasizes understanding therapeutic use of self. The following Power Point explores her Intentional Relationship Model. This model highlights the key modes of communication between the resident and the therapist and therapeutic use of self from the therapist’s perspective.

Please begin reviewing this Power Point at slide 43. Do not get caught up in the diagrams. The diagrams show the interconnectedness of communication with the individuals involved (therapist and resident in this case).


Take the quiz after reviewing the Power Point. The quiz is worth 2 points.
http://www.zoomerang.com/Survey/WEB22C5ATK52A8/

Listening
Listening is one of the most overlooked and under-emphasized skills in communicating with clients. Active listening is a difficult skill. Review the following information.

“We were given two ears and one mouth. This is because God knew that listening was twice as hard as talking.” —Anonymous

The following 15 tips on Listening are adapted from Karen Stobbe’s list…You might want to post these in your office or put them on your clipboard. It is important to review these tips even though they may seem very basic. It can be easy to get caught up in the moment.

1. Stop Talking!
2. Make eye contact.
3. Be an active listener.
4. Watch and listen with your whole being
5. Listen to non-verbal communication (a person’s body language can tell you a lot more than words sometimes)
6. Concentrate and focus on what is being conveyed
7. Be patient. Let the speaker finish speaking and let yourself finish listening before speaking.
8. Do NOT interrupt; give the speaker time to say what they are trying to say.
9. If the speaker is having difficulty finding words you can help them find a word- just make sure it’s the right word.
10. Understand the intent. Double-check the meaning.
11. Be ready for outbursts and tangents when listening. Stay calm.
12. Empathize with the person. Try to understand what the person is feeling.
13. Use your knowledge about the person to help you understand; when listening and when the person is having difficulty expressing her/himself
14. Listening carefully and intently gives respect and power to both the speaker and the listener.
15. Silence. A good listener is ok with silence.

Leave it to Dilbert! 😊 Check out this really video snippet. http://www.youtube.com/watch?v=2n6WSLjpWjU

**Emotional Intelligence**

Another important aspect of communication is being able to accurately identify emotions and empathize with the individual. Being able to read people is an essential skill to providing quality care. Many times a person’s body language does not match his or her words. Picking up on the mismatch of verbal and non-verbal language can open discussions that address the resident’s unaddressed or underlying feelings. The following site has a very brief quiz that gives you some insight into your emotional intelligence. http://www.ihhp.com/testsite.htm

The following website is a Meyers-Briggs inspired personality test. As discussed in the presentation by Dr. Taylor, personality is a variable to consider http://www.humanmetrics.com/cgi-win/jtypes2.asp

**Be sure to continue to post your reactions and what you have learned on the Discussion Board. Feel free to discuss the outcomes of your personality test and emotional intelligence test with your peers if you choose.**

**Reflection Assignment:** Briefly in two to three pages describe what you learned about yourself (emotional intelligence/personality) and your preferred Modes of Communication in this module. Then explain how these things relate to you as a therapist and how you interact with the residents, the resident’s family, and the team you work with.

**Resources**


Taylor, R. “*The Intentional Relationship: Reinvigorating the Vision for Client-Centered Care*” February 17, 2011 at the University of Findlay.


Module 7: Instructor Guide

Narratives

This module highlights the use of Narratives in creative ways to get to know the individuals we work with. The role of the instructor is to facilitate discussion about interventions, assessments, and models of practice that emphasize the person.

Familiarize yourself with the websites and materials discussed in this module. Make sure that links, Power Point presentation, and materials are up to date and accessible. Be prepared to answer questions about MOHO and the Canadian Model.

Objectives:
1. The learner will review models of practice and assessments that demonstrate person-centeredness.
2. The learner will demonstrate understanding of use of narrative by providing at least 5 occupation-based treatments that emphasize learning about the person and explain how those occupations can be graded.
3. The learner will demonstrate critical consideration of the application of narratives for therapeutic use through thoughtful discussions with peers.

Reflection Assignment: After reviewing material in this module provide at least five occupation-based interventions (group or individual) that you could do with someone in therapy to address deficits and learn more information about the person. Be creative. I have listed some ideas in the Power Point for examples, but I want to hear your own Ideas. Be sure to explain what deficits you are addressing and how the treatment could be graded.

Content to look for:
1. Did the learner introduce 5 occupation-based interventions not mentioned in the presentation?
2. Did the learner address the deficits being addressed by the occupation?
3. Did the learner address how each occupation could be graded to me the abilities of the person?
Module 7
Narratives

The purpose of this module is to introduce or reintroduce you to the use of narratives. Narratives can be used to collect information about a person and how that person feels about his or her current status. This module will provide you with some tools and assessments that may be beneficial in getting to know your residents and giving your residents a chance to learn more about you.

Please review the Power Point.

- Narratives
- Kim Zinnecker
- Narrative or Lifestory
- The autobiographical explanation of an individual’s life experiences
- Narrative and life story tend to be used interchangeably
- Purpose
- Qualitative research
- Getting to know an individual
- Making meaning out of experiences
- See how an individual perceives his or her disease process or illness
- Target meaningful occupations
- Key Components
- The Narrative should:
  + Be from the individual’s perspective
  + Address events that impact current situation
  + Highlight information that reflects the purpose of the Narrative
  + Highlight feelings toward events and circumstances
- Narrative Focus
- Depends on the goal…
- If the goal is to determine what an individual can currently do and needs to do then the focus should be toward recent events.
- Occupations from earlier in life may be helpful to determine meaningful and purposeful treatments but the focus should be on goals specific to that person to return to prior level of function.
- Dividing life into parts and themes
- If you were to describe your life as a book, what would the title be?
- How would the book be divided into chapters?
- What happens in those chapters?
- What experiences have had the most impact on you? Why?
- How did these experiences impact who you are today?
- From a therapy perspective…
- We want to know:
  + How the person got to the point where they are currently
  + How they feel about their current status
  + Where they would like to go from here and what that looks like (the environment, equipment, assistance)
Who is available to help and the amount
Etc.

Making meaning
The therapy role of making meaning:
- Helping determine key roles of the person
- Helping determine key occupations
- Helping determine what environmental changes may need to be considered
- Addressing psycho-social aspects of life as well as the biological issues

Get creative
Many of these topics are discussed in the context of a traditional eval
But…
- Sometimes the evaluating therapist cannot thoroughly address all this information in one treatment
- And is information in the chart may not be seen by the whole team

Getting Creative
Asking questions throughout sessions
- Take note of things that the person does and the order that it is done
  - Does the person always brush her teeth before showering?
- Ask when the person prefers to bathe (when and how often?)
- Ask about preferences (shower, sponge bath, or bath?)
- Individual
- Follow up on hints that the person shares (My daughter just doesn’t seem to have time for me anymore.) This could provide insight into the current situation and emotions
- Encourage family to bring favorite clothes, toiletries, etc.
  - If the person likes to listen to music encourage the family to bring in favorite music for therapy time

Individual
Use a scrapbook page (can address fine motor, standing tolerance, cognition, etc.)
Have the resident help make a collage in his or her room to hang that lets the staff know a little bit about that person (can address many deficits)

individual
Have the resident make a daily schedule of when certain tasks are preferred
Create a “Day in the Life” in preferred format that tells what a typical day at home looks like
If a schedule board is available include the resident in scheduling by selecting and denoting preferred time.

individual
Visuals that tell about the person can be beneficial to all staff that enters the person’s room.
- Hang in easy to see places
- Visuals may help initiate conversation

Keep in mind
Sharing with the person will likely increase the person’s willingness to share.
- Make a bulletin board, handout (administered at eval), or a scrapbook/article in the newsletter that orients the person to the therapy team
Keep in mind

- Occupations to gain information should be age appropriate and stimulating
- Purpose of occupations should be explained
- Family should be involved (if possible) if the person has difficulty communicating
- Allow opportunities for residents to openly share feedback with staff about current living experience.
- Group
- Group Occupations…
- General information questions about the individuals can be addressed in group treatment
  - Use a weighted ball with ?s (catch, answer, pass to someone who answers the same)
  - Answer a question by selection or on paper then place on the wall with like answers or by category
- Group
- Sit to stand: sit/stand when answering questions about self
  - Ex: Stand and remain standing if you have ever had a pet
  - Remain standing if you currently have a pet
- Sensory group
- Develop reminiscence sensory stimuli
  - Ex: Bring in a fur swatch and have the residents feel it. Reminisce about own pets or farm animals.

**Occupational Identity**: “a composite sense of who one is and wishes to become as an occupational being generated from one’s history of occupational participation” (Kielhofner, 2007, pp. 119).

**MOHO- Model of Practice**

Check out the Power Point about MOHO. The author of this presentation is not listed, however I would like to acknowledge that this was a presentation I came across and reviewed. I did not develop this presentation.


You can further examine the person-centered assessments mentioned in this presentation (Occupational Performance History Index-II (OPHI-II) and Occupational Self Assessment (OSA)) on the MOHO Clearing House Website (http://www.uic.edu/depts/moho/) The site offers free downloads of checklists and occupational questionnaires under the “Related Resources” link.

**Person-Environment-Occupation**

This article outlines the PEO Model. It is available for your reference. After reading this you will see that this model emphasizes the person and lends itself to the Person-Centered Care mission.
Assessments

This is not by any means an all-encompassing list. This should just give you a general idea of where to start. Use your skills in locating evidence-based research to help you find other assessments and models of practice that emphasize the person.

COPM

The person sets goals, judges current abilities, and rates self at conclusion of therapy with the guidance of the therapist. The person also rates the importance of each goal.

http://www.caot.ca/copm/index.htm

Allen Cognitive Levels

This assessment is used with people who are suspected of having cognitive declines. It helps to determine what the person can do and how much assistance is needed. The assessment examines three different components (A leather lacing occupation, a placemat development occupation, and observation of a functional occupation). It is person-centered in that it highlights the person’s abilities versus disabilities.

http://www.allen-cognitive-levels.com/levels.htm

It’s Never 2 Late

This company provides a variety of products that are geared toward providing person-centered treatments. The company develops visual narratives that tell about the person. I am presenting you with this website to allow you to see what is available.

Feel free to make your own judgments and share your feeling, concerns, etc. with your peers. Please explore this website. Be sure to check out the “Systems in Action” tab and the therapy tab under “Benefits.” Share your feedback with your peers on the Discussion Board. As most clinics are on a tight budget, begin brainstorming other interventions or treatments that could be done without this equipment.

http://www.in2l.com/index.cfm/event/pageview/contentpiecemappingname/sia/

Reflection Assignment: After reviewing material in this module provide at least five occupation-based interventions (group or individual) that you could do with someone in therapy to address deficits and learn more information about the person. Be creative. I have listed some ideas in the Power Point for examples, but I want to hear your own Ideas. Be sure to explain what deficits you are addressing and how the treatment could be graded.

Resources

Module 8: Instructor Guide

Dementia

This module was developed out of an observed need to expand Person-Centered practices to residents with dementia. This population typically demonstrates a challenge in effectively communicating needs.

The role of the instructor is to facilitate thoughtful discussion between the learners and encourage integration of evidence to support the opinion statements that may arise. Keep discussions for this module on topic and encourage learners to share resources not mentioned in this module with peers. Take note and investigate these resources for application to the course and introduction in the course in the future. Challenge the learners to expand on topics that their peers could benefit from.

Grade and record Reflection Assignments. Learners should submit their Development Plan before the deadline (Wednesday of this week at 5pm). Late papers will be accepted at your discretion based on reasoning provided by the learner. Grade and record grades for Development Plans as they are submitted if possible to avoid being overwhelmed at the end of the course. See University policy for final submission of grades.
Objectives:
1. The learner will demonstrate empathy toward people with dementia and their families through discussion with peers and reflection assignment.
2. The learner will identify and provide solutions in the format of discussion to sub-optimal scenarios that devalue the resident.
3. The Learner will demonstrate critical consideration of problem behaviors and identify plausible causes and strategies to overcome these behaviors as demonstrated through discussion with peers and a reflective assignment.
4. The learner will demonstrate person-centered thinking (considering the family, the client’s unmet needs, and environment) in clinical reasoning as demonstrated in the reflective assignment.

Reflection: Select three of the behaviors from the handout (http://www.in-themoment.com/pdf/workshop5_brainstorm_behaviors.pdf). Discuss at least 3 possible causes for each behavior. Then briefly describe interventions that could be used to address the behaviors (based on the reasons you provided for why the behaviors are happening) and why you would choose that intervention. Interventions may include (but should exceed) environmental modifications, scheduling changes, behavior changes in the staff approach, etc. Avoid interventions that therapists do not have control over such as changes in staffing staff, med management, etc. Use the Wisconsin Department of Health and Family Services resource, the In the Moment resources, and the discussion with your peers. I expect these reflections to be diverse despite interactions with peers.

Content to look for:
1. 3 problem behaviors (listed or not listed in the resource)
2. At least 3 plausible causes for each of those problems
3. 3 intervention plausible intervention ideas with support of clinical reasoning

Module 8
Dementia

Now that we have discussed communication we will address communicating with individuals who have difficulty communicating. One population that we will specifically address is older adults with dementia and neurological based deficits. These populations sometimes require a little extra TLC.

Please review the Power Point.
- Communication and Dementia
- Kim Zinnecker
- Changes in communication

Changes in the ability to communicate are unique to each person. A caregiver may recognize differences in the person with dementia such as:
• Difficulty finding the right words
• Using familiar words repeatedly
• Inventing new words to describe familiar things
• Easily losing train of thought
• Difficulty organizing words logically
• Reverting to speaking in a native language
• Using curse words
• Speaking less often
• More often relying on gestures instead of speaking

Before Beginning…
  ✗ Knock before entering the room even if the door is open.
  ✗ Approach the person from the front to avoid startling the person.
  ✗ Identify yourself.
  ✗ Call the person by name. (this helps the person to orient and it is respectful)
  ✗ Keep it Simple
  ✗ Use short simple sentences
  ✗ Use straight forward language (you would not like to have someone “hoping in to the shower”)
  ✗ Turn questions into answers
    ■ Your sweater is over here. Vs. Do you want to wear your sweater because it is really chilly in here?
  ✗ Be Direct
  ✗ Identify items when discussing them
    ■ Ex. Here is your creamer. Vs. Here it is.
  ✗ Give visuals
    ■ Imitate pouring coffee when asking if the person wants coffee
  ✗ Give simple explanations and instructions
  ✗ Emphasize the positive
    ■ Ex: Lets try this. Vs. Don’t do that.
  ✗ Be aware of your body language and tone of voice
  ✗ Involve the senses
  ✗ Write things down or give simple diagrams
    ■ This can be beneficial for the family as well
  ✗ Tips for Communicating
1. Show your interest and that you are trying to understand.
   - Give eye contact
   - Use nods to reaffirm without distracting the person
  ✗ Tips for Communicating
2. Be patient and supportive.
   ■ Interruptions or helping the person finish ideas could make them lose their thoughts
  ✗ Tips for Communicating
3. Offer a safe environment
   ■ Provide reassurance and comfort when the person is having trouble communicating
   ■ Encourage the person to continue to share
  ✗ Tips for Communicating
4. Offer time
- Hurrying the person would cause more confusion and frustration
- Allow time for thoughts and explanations
- Avoid interrupting

Tips for Communicating

5. Don’t fight the facts
   - The person is confused…do not try to correct the person (it is futile)
   - Listen for themes in what is being said
   - Repeat what the person said if it helps clarify

Tips for Communicating

6. Avoid arguing
   - Even if you disagree with a statement it’s not worth the fight
   - Arguing makes situations worse

Tips for Communicating

7. Practice your word finding
   - Take a guess at what word is trying to be communicated
   - Avoid guessing when you understand the message without the word
   - Tips for Communicating

8. Encourage non-verbal communication
   - Have the person point or approach a needed item
   - Encourage gestures (e.g. pretending to bring a drinking glass to mouth because the person wants a drink of water)

Tips for Communicating

9. Decrease distractions
   - Think about how hard it is to focus when you are tired and have lots of background noise
   - Turn off radios and TVs *
   - Shut the door to eliminate hallway noise *

* If the person says it is “ok.” Always ask and explain why you are doing things to try to decrease confusion. If you walk over to the door and shut it the person may become fearful because he/she does not know why you shut the door.

Tips for Communicating

10. Emotions speak louder than words
    - Be aware of emotions; the words might not match what is being said
    - Read body language

References


This video is brief but powerful. Imagine a life where everyone is speaking a language you can hardly comprehend. You struggle to keep up with what’s going on. You rely strongly on
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your ability to read emotions and body language. You hardly recognize the people who you would have recognized years ago. How do they expect you to remember who your therapist is or when therapy is? What is therapy anyway? They are just making you take a shower…which you hate doing. Everything is unfamiliar and you hate getting hosed down in the community shower room. The soap smells funny. You always used to like your body wash on a puff. The shampoo makes your scalp dry but you can’t find a way to tell anyone…

http://www.youtube.com/watch?v=y8aEAEJDpa0&playnext=1&list=PL0428B31B3A5266CF

Working in Long-Term Care can be very rewarding for you and the people (residents) you work with. It can also be very easy to slip into bad habits. Here are some of the bad habits that Directors of Rehab and Residents have reported. These are in no specific order, but I want to hear which ones you guys think are the worst or your pet peeves. Why is that the worst, and what can be done to remedy or avoid that situation? Discuss this on the Discussion Board.

1. Not knocking before entering a room.
2. Not waiting to be invited into a room before entering (even if you knock).
3. Touching, using, and/or leaning on personal items without asking (e.g. sitting on the end of a bed or in a wheelchair).
4. Not listening to what the resident has to say.
5. Not responding to questions or weaseling out of responding to tough ones.
6. Calling the residents by pet names (i.e. sweetie, honey, dear, etc.)
7. Not shutting doors or pulling curtains for privacy.
8. Taking a resident to the shower room in a gown.
9. Not being courteous of the resident’s schedule (despite the fact that it may not be as busy as the therapist’s).
10. Yelling at the resident (not all older adults are hard of hearing©).
11. Not giving the resident a choice for anything…if he even wants to go to therapy
12. Waking residents up to do therapy.
13. Making the resident sit in the gym while the therapist works with someone else.
14. Asking the same questions because you did not listen.
15. Passing the resident off to another therapist or taking that person to another common area to sit without asking.

Check out this resource! Be sure to take your time reviewing the information. There is a lot of really helpful information that may help you to identify more person-centered goals, interventions, and plans of care. Be sure that you reviewed this resource! You will need it to complete your reflection assignment.


People with dementia tend to exhibit certain behaviors such as exploring/seeking, yelling out, repetitive speech or actions, etc. As with all residents, we cannot expect all people with
dementia to react the same way or to even react the same way to different stimuli. The following resource was developed by Anne Robinson, Beth Spencer, and Laurie White. As therapists we are well equipped to observe and modify the environment to meet the needs of the people we work with. The next time that a staff member complains about the ongoing behaviors of a long-term resident with dementia you may want to consider screening that individual to try to develop a plan to determine the cause of behaviors and address the underlying causes of those behaviors.

http://www.in-themoment.com/pdf/workshop5_handout.pdf

Now review the following list of common behaviors. Discuss with your peers the possible causes of these behaviors.

http://www.in-themoment.com/pdf/workshop5_brainstorm_behaviors.pdf

The Family…

The family can play a pivotal role in working with adults with dementia. It’s important for us to utilize the resident’s input as much as possible; however sometimes we need a bit more information. Most of the time the family members can provide background information about the resident that we may have never found out on our own. On the other hand we need to be careful not to hound the family for information. The family may not know much about the individual for a variety of reasons (divorce, a falling out, etc.) or the family may be stressed out. Caregiving and having a sick loved one can take a toll on people physically and emotionally. Our job is to make the situation easier for all involved parties.

360 Vision - Alzheimer's: The Long Goodbye

This video is a very brief expression of a daughter’s feelings about her father’s experience having Alzheimer’s disease in a nursing home. What feelings is the daughter expressing? Which of her father’s needs may not be getting met? How could we address those needs through therapy? Could we pick the father up for therapy as a Part B? Discuss these topics among your peers.

http://www.youtube.com/watch?v=OLJThf48sQ&feature=related

Bathing without a battle

This website is hosted by the University of North Carolina Aging Institute in conjunction with other research institutes. The website promotes a book and CEU course. You may explore this if it interests you; however the purpose of visiting this site is to review the “Bathing Techniques” tab at the top of the page. These few techniques may be beneficial in addressing issues with bathing. Add them to your bag-o-tricks if you haven’t already. As we discussed earlier...we need to understand why a behavior is occurring. These approaches may address some of the difficulties.

http://www.bathingwithoutabattle.unc.edu/

After speaking to multiple families of individuals who have dementia I have noticed common themes. The most commonly communicated concepts are:
- Don’t judge. You don’t know the whole story.
Ex. A woman with dementia was having a really hard time. She was very disoriented and demonstrated many exploring type behaviors. Each time she was asked to do something in therapy she began calling out for her son. After a few days of difficulty the woman said that she needed to talk. She told the therapist that her husband had just died in a fire that burnt down their house. This fact was later verified. This woman has a known history of mental illness. The woman explained that she knew it was a conspiracy that someone burnt her house down. The therapist listened to the woman intently and let her tell her story without a fight (even though the therapist did not know it to be true at the time). The therapist’s approach helped the woman to address what was worrying her and the woman became more productive in therapy.

- Be respectful and flexible when offering recommendations. Not all families have the resources to make top end changes to the environment or purchase equipment.
Ex: In one facility I observed a woman who was morbidly obese. She was at the facility because she had fallen. Her apartment was in the basement of the complex. During a home visit the therapist discovered that this woman had been using a wooden chair as a shower chair. The woman explained that insurance does not cover a shower bench and she does not have the money to buy one. The therapists got creative and made the chair that she had as safe as possible adding dycem, a waterproof coating, etc. The therapists recommended that the woman should be careful and pay attention to the integrity of the chair (since it is made of wood and could rot).

- Try to empathize. Caregiving and making the decision to place a loved one in a nursing facility is difficult.
- The stress is amazing…your life and responsibilities do not stop because you are a caregiver.
- Communicate and set realistic expectations and goals.
- Set goals based on real occupations that the person does. “Don’t set a goal for my dad to cook. He’s never cooked in his life!”

**Reflection:** Select three of the behaviors from the handout (http://www.in-themoment.com/pdf/workshop5_brainstorm_behaviors.pdf). Discuss at least 3 possible causes for each behavior. Then briefly describe interventions that could be used to address the behaviors (based on the reasons you provided for why the behaviors are happening) and why you would choose that intervention. Interventions may include (but should exceed) environmental modifications, scheduling changes, behavior changes in the staff approach, etc. Avoid interventions that therapists do not have control over such as changes in staffing staff, med management, etc. Use the Wisconsin Department of Health and Family Services resource, the In the Moment resources, and the discussion with your peers. I expect these reflections to be diverse despite interactions with peers.

**Resources**
Dementia is an ever growing topic. The available resources are innumerable. Don’t forget to stay up to date on the latest developments in the research.


MoMike47. (2009). Fading. Available at http://www.youtube.com/watch?v=y8aEAEJDpa0&feature=related


**Evaluation of this Course**

The following evaluations will be provided for the learners at midterm and at the end of the course respectively. Feedback provided in the course and instructor evaluations will be used to make modifications to the course and the instructor style as necessary.
Midterm Course and Instructor Evaluation

Course: Person-Centered Care  Instructor:
Semester:  Date:

Thank you for taking the time to provide feedback. These evaluations are reviewed by the instructor and they will be used to improve the course and teaching style. Please be honest and constructive. Provide suggestions or solutions that may help to address your concerns in the additional comment section.

Strongly Disagree  Disagree  Agree  Strongly Agree
Disagree  Agree

Course overall:

The course content is easy to understand.

The content is relevant and useful.

The topics were covered in sufficient detail.

The amount of work is appropriate for the number of credit hours.

The Reflection Assignments are helpful in identifying strengths and areas for improvement.

Sufficient time is given for assignments.

The Discussion Board is helpful in the learning and sharing with peers.

The material provokes further exploration and thought.
<table>
<thead>
<tr>
<th>Strongly Disagree</th>
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**BlackBoard:**

The platform tools (e-mail, Drop Box, & Discussion Board) are easy to use.

I had sufficient opportunities to learn how to use BlackBoard and its tools.

I have experienced few difficulties using BlackBoard.

**Instructor:**

The instructor responds promptly to e-mails, problems, and concerns.

The instructor responds appropriately to questions.

The instructor is prepared and able to answer questions about content.

The instructor provides feedback in a timely manner.

The instructor grades assignments in a timely manner.

The instructor effectively facilitates discussions and encourages learning and critical thinking.
The instructor promotes a comfortable online learning environment.

**Summary Comments**

What additional comments do you have about the course structure and course material?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What additional comments do you have about the instructor and the instructor’s teaching style?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Additional comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Final Course and Instructor Evaluation**

Course: Person-Centered Care  Instructor:  Semester:  Date:

Thank you for taking the time to provide feedback. These evaluations are reviewed by the instructor and they will be used to improve the course and teaching style. Please be honest and constructive. Provide suggestions or solutions that may help to address your concerns in the additional comment section.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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Course overall:
The course objectives were addressed.
The course content was easy to understand.
The content was relevant and useful.
The topics were covered in sufficient detail.
The amount of work was appropriate for the number of
credit hours.
The Reflection Assignments were helpful in identifying strengths and areas for improvement for practice. Sufficient time was given for assignments. The Discussion Board was helpful in the learning and sharing with peers. The material provoked further exploration and thought. The Personal Development Plan helped me to identify my strengths and opportunities for improvement (and determine how to make improvements).

<table>
<thead>
<tr>
<th>BlackBoard:</th>
<th>Strongly Disagree</th>
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<th>Agree</th>
<th>Strongly Agree</th>
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<th>Instructor:</th>
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<td>The instructor responded promptly to e-mails, problems, and concerns. The instructor responded appropriately to questions. The instructor was prepared and able to answer questions about content. The instructor provided feedback in a timely manner. The instructor graded assignments in a timely manner.</td>
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The instructor effectively facilitated discussions and encourages learning and critical thinking.
Grading was fair.
The instructor promoted a comfortable online learning environment.

Summary Comments

What additional comments do you have about the course structure and course material?
________________________________________________________________________
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What additional comments do you have about the instructor and the instructor’s teaching style?
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Additional comments:
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Overview of Observations

Teaching and learning relationships occur in many settings besides a classroom. Throughout this Capstone Semester I have observed teaching-learning relationships in the traditional manner, in different types of classrooms, as well as in many clinical settings. Everyone in my immediate family is in the teaching profession. I always thought that I was branching out from the family tradition when I chose occupational therapy; however I never realized how much formal teaching and learning occurs in therapy. I always realized that I would be leading individuals’ back toward functional independence through occupations, but I never really thought of the means as “teaching.” I now recognize more clearly the occupational therapist’s role as a teacher and a learner.
Through observation in both clinical and classroom settings it became apparent that both the style of the teacher and the learner are vital to successful learning. At Princeton High School (PHS) I was able to spend time observing and instructing students who were working on an online credit recovery course. This experience was profound in that I had never worked with students with such diverse needs. Some students worked quietly on their own while others required redirection to task or additional guidance. I witnessed many behaviors geared toward avoiding difficult tasks that I have also observed in the clinic.

Many of the students who required the most assistance also required the most redirection and flexibility in teaching style. Most students did not prefer a Socratic style because it was apparent that many of these students’ behaviors have warded off questions and critical thinking. With these students I found the need to assist them in reasoning through the material. Other students found it more beneficial to have examples or to work backwards through problems dissecting them by one component at a time.

The experience at PHS also provided opportunities to interact with groups of students. Working with a group provided challenges similar to challenges experienced in a clinical setting including: balancing group interaction, seeking participation from those who are less willing to participate, and encouraging group interaction for the common good of the group. I addressed each of these issues on an individual basis. I found that my teaching style varied in each of these scenarios. In situations where one person was dominating the group I was forced to use a more legislative style of teaching where I provided the group with interaction rules. At times I was forced into a dictator or monarch style of teaching. In this case I had to control who spoke in order to keep the group productive and focused due to two students who were bickering. This observation provided me with a diverse snapshot of learners and styles in a group and individual teaching-
Throughout this Capstone Semester I attempted to select diverse populations and styles of teaching to observe and work with in order to provide myself with skills that would equip me to teach this course to a diverse group of learners. This course is designed to be taught at The University of Toledo, but it was developed with practicing occupational therapy assistants (OTAs) and occupational therapists (OTs) in mind as well. My assessment of need was completed within Concept Rehab Inc. The feedback about a variety of topics under the umbrella of Person-Centered Care directed the evolution of the content of this course. My observations in a multitude of skilled nursing facilities reinforced the findings of the assessment of need. I found that many practicing therapists understand Person-Centered Care on a superficial level, but they lack the foundational components that allow for successful Person-Centered Care. I also found that many of the therapists understand the type of care they should be providing, but they do not provide this quality of care for a number of reasons. The first two modules of this course focus on these barriers and understanding locus of control. The goal of this course is to build the foundation through education, introduction to resources and tools, and self-reflection.

Throughout this project I have had the opportunity to observe people from the entire cast of the therapy team providing care, teaching clients, learning from clients, and teaching myself. Some teaching-learning styles innately lend themselves to certain types of therapy, but I have found that the teaching-learning style does not appear to be correlated with the teacher’s role within the team. The style of teaching is influenced by the teacher’s style preference, the environmental demands, and needs of the client. Observation of a Hospice nurse demonstrated the importance of being present with clients or those you are teaching. During the Hospice informational session the nurse was attuned to the emotional climate of the present parties. She repeated and rephrased information...
as necessary and demonstrated competence in assessing and responding to her audience. She provided pauses during the discussion to allow for information processing to occur and questions to arise. The nurse was also very patient. These skills and qualities were reflected in observations of what I would categorize as good therapists in the facilities I visited. Communication is one of the key aspects of both Person-Centered Care and teaching.

I also had the opportunity to observe and interact with two collegiate classes. One class was a bachelor level course on the topic of health promotion and the other class was an associate level course introduction to occupational therapy for prospective COTAs. The instructors of these courses had very different, yet equally effective teaching styles. The bachelor level course was taught in a traditional classroom. The instructor questioned the students throughout the classes and held them accountable for the course material. She used videos, PowerPoint’s, and a textbook to engage the students. Her lecture seemed as though it were a structured discussion. On the other hand, the associate level class was based on a Collaborative learning style. The students were expected to read material before coming to class then discuss and present material to peers. This style of group learning is very different than what I have experienced in the classroom. The role of the instructor in this type of style is similar to that of an instructor of an online class. The instructor is present to facilitate discussion and encourage students to share the products of their critical thinking skills. These two classes were chosen based on the prospective audience of this course. I wanted to have an understanding of similarities and differences between these two groups of learners.

In addition to these observations and interactions I have had the opportunity to volunteer as a tutor at The Healing Center in Springdale, OH. The Healing Center is a drop in center for a wide variety of services. The Healing Center is a subsidiary of The Vineyard Community Church. The goal of the center is to address the needs of individuals holistically. The center offers free services
such as: food and clothes, job skills training, job search assistance, auto repair, bike repair, mentoring, financial counseling, tutoring, prayer, life skills training, and other services. The center caters to over 5,000 individuals in the Tri-County area. The center has encountered an increase in first time users.

I volunteered at The Healing Center as a tutor. I completed training and then I was assigned a learner to tutor in the General Educational Development Diploma (GED) program. The first two learners I was assigned to work with never showed up. The center’s policy for all services is that services must be provided on site during center hours for the safety of the volunteer. These first two learners discussed experiencing difficulty with transportation. They were not able to make their tutoring sessions despite multiple attempts to reschedule and accommodate their schedules. I was able to co-teach with other tutors during the sessions that my students did not attend.

I was beginning to consider that maybe I was not communicating well enough with the learners prior to beginning tutoring. After discussion with the other tutors I came to realize that no shows are very common. The tutors discussed that they commonly experienced the same difficulty keeping students. I have had three students who showed up for more than one session. The reasons given by learners who have discontinued tutoring include changes in work schedules, the inability to find a ride to the center, or “not feeling ready to take this on.”

I began sessions with new learners by discussing the learner’s goals and expectations of the tutoring program. Learners are expected to call their tutor ahead of time and reschedule if they cannot make a session. Next, I gave the pre-test that most closely represented the learner’s abilities based on the last completed topic. All of the learners who I worked with required assistance in math. They had different backgrounds and learning styles. One of the learners preferred to learn step-by-step walking through problems together. Another learner preferred a top down learning approach.
The diverse and challenging population provided me with opportunities to try different teaching-learning styles and approaches. The greatest challenge of the tutoring experience was encouraging the learners to attend scheduled sessions. This experience demonstrated Maslow’s Hierarchy. Many of the learners were experiencing unmet essential needs, and they were referred to The Healing Center for this purpose. These learners were limited by the circumstances that resulted from them dropping out of high school. Many of the learners work late shift or even work two shifts during a 24-hour period to make ends meet. The Healing Center provides limited times for tutoring during the week due to the limited hours of operation. The hours of operation are limited because volunteers operate the Center; however the learners are matched to tutors based on the learner’s schedule preferences.

Another factor that limits learner participation in tutoring is the learner’s ability to provided transportation to The Healing Center. The services at The Healing Center are available to anyone who seeks them, thus people from all around the tri-state area access services. One of my learners took three buses to get to The Healing Center. This same learner also worked third shift. The only time she was able to attend tutoring for her GED was at the 10:30am session. Between the challenges of transportation and her schedule this learner was not able to continue. One way that these transportation and scheduling barriers could be diminished is through providing tutoring at different locations that may be more accessible to learners. The Healing Center policy does not allow volunteers to assist Healing Center visitors outside of the facility for the protection of the volunteers. By offering satellite locations The Healing Center may be able to offer services to more people. An additional solution to making tutoring services more accessible would be to provide discounted or free transportation. This is not the most economical or practical solution.
The challenges of tutoring at The Healing Center reinforced the need to customize learning to the needs of the learner. I realized the importance of person-centered principles in teaching-learning situations as well as in therapeutic situations. The distinction between a teacher and a therapist is a fine line.

**Observations**

**Hospice Consultation**

1-17-11

This date, I observed a Hospice of Cincinnati informational session. Hospice is known for compassion and being client-centered. Palliative care is a domain of care that is of extreme importance to be person-centered. Occupational therapy can be an integral part of palliative care; however this may not be the first setting that people think of for occupational therapy. I obtained permission from J.R. to attend this Hospice informational meeting within her home.

The representative from Hospice was a RN. She described what Hospice is and what Hospice is not. In this session she demonstrated effective communication strategies and kept the session directed toward the client. Throughout the session she kept her attention directed toward the client. The RN asked questions in a way that allowed the client to respond despite her dementia. She also reaffirmed the client and re-educated her (in a respectful manner) when appropriate.

The RN kept all material simple and appeared to attend to her audience. The RN gave ample breaks from speaking to allow the audience to process information and ask questions. The RN gave examples of scenarios while explaining the philosophy of palliative care to demonstrate her points. She used handouts as visuals to highlight important information in addition to oral information. This allowed the client materials to review after the session that reinforced the information session. The
RN was respectful of the environment from the time that she arrived. The RN parked on the street as to not take up space or block anyone in by parking in the driveway. She also waited to be invited in and waited to be seated. She greeted each present party individually and introduced herself. I think that these details are a great way of building rapport without even really trying. She was very organized. I think that this is also something that demonstrates to a client that you respect them and their time. I can imagine that it would be very frustrating to have someone enter your home and not tell you why he or she was there and not have information to present in an orderly fashion. This may be a personal preference and not as important to others, but I do not think that it hurts rapport to be organized. One of the most important things that The RN did throughout the session was to reaffirm choices and make it clear that palliative care is not the only way to approach this health scenario. She was very respectful of the severity of this decision and gave the client time to decide. I think that she represented her company well and I saw compassion in her approach. I think that it would be beneficial to do a more in depth observation with a palliative care provider.

Observation at LPM in Kettering, Ohio
1-21-11

This facility is a private pay SNF located in Kettering, OH. The facility has contracted therapy services with Concept Rehab Inc. The rehab department has one OT, three COTAs, One PRN PT, 2 PTAs, and one SLP. I spent the day with three of the four OT team members.

The first session that I observed was a resident who required increased endurance, management of flaccid upper extremity (UE). The COTA who was working with the resident had the resident’s chart in hand and reviewed the resident’s notes prior to the session. The COTA introduced me and asked permission for me to observe. The resident agreed. This session consisted of use of e-stim for sensation and management of flaccid UE and bi-lateral use of UEs on bike.
Many aspects of this session demonstrated person-centered care components despite the fact that the observed session consisted of therapy and neuro re-ed (non-occupation-based interventions) appropriate for a number of residents. This treatment was appropriate and within the POC for the resident. The COTA demonstrated compassion and good rapport with the resident. The COTA discussed the resident’s goals with the resident and she educated the resident on why the occupation was being performed. Unfortunately the COTA did not use any occupation-based intervention in her individual session with this resident. The resident stayed in the gym to participate in a group intervention. As discussed with K.S. and another therapist it would be beneficial to provide the residents with reading/pictures that educate the resident about the role of therapy, help get to know the therapy team, and enhance socialization.

While inviting appropriate residents to group the COTA was very respectful of the residents. She knocked on each door and waited to be invited in. She introduced me immediately and asked for consent to observe. I think that this demonstrates respect for the residents. The COTA gave the residents the choice to participate. If the resident agreed then the COTA asked what she could get for the resident to help him/her to get ready. One simple thing that she did to respect the residents was to ask for permission to retrieve items before retrieving items from around the room. This is something that I have seen many therapists forget to do. It is easy to forget that you are a guest in the resident’s room each time you enter.

Group consisted of a variety of residents at different ability levels participating in PT and OT therapy. This group emphasized UE and LE therapy. The residents were seated in a circle in the gym where they could see the other participants. One of the members recognized another group member and wanted to sit by her. The therapists and other residents accommodated this request. One component of this group that made it more person-centered than some other therapy groups is that
the therapists encouraged socialization by asking each resident to respond to questions throughout the group. The group members introduced themselves and first answered the question “Do you have a favorite snow story (since it had just snowed)?” The residents responded with stories from their childhood and parenting experiences. This caused the group to interact with one another. It was impressive the amount of group cohesion this elicited. Residents helped each other with the exercises and shared materials. The group also incorporated safety questions and demonstrates (by residents) of safe transfer principles. The questions were graded based on ability and the group was encouraged to answer as a group and critically think about why answers were correct or incorrect. The therapists gave questions in open ended, multiple choice, and true/false format. The therapists warmed up for the Chicken Dance with some coordination clapping, snapping, patting routines that also challenged attention. The group ended with the Chicken Dance. The residents loved it! I really liked the format of this group in that the residents had input into it and they interacted as a group rather than merely performing the same exercises together. The group effectively gave residents a chance to teach and learn through sharing experiences and demonstrating gains and helping others.

The final portion of the day consisted of individual treatments with the OT. She performed a recertification for a resident who was getting ready to leave the facility and return to home. The OT reviewed the progress notes then spoke with the COTA who had been working with the resident. The COTA expressed a few areas that she thought would be beneficial to continue to address. The therapist was very respectful and personable with the resident. The resident’s husband was visiting upon arrival. The OT offered to return later. The resident wanted to proceed with the session. During the session the OT asked questions about skills that would be necessary to return to home. The OT also observed the resident participate in occupations that she was doing around the room. The resident encountered difficulty in donning her walking boot. The OT used her clinical judgment to
troubleshoot the problem. She decided to modify the boot with Velcro. The OT immediately remedied the problem during this session rather than deferring this task to the COTA in the next session. I thought that this was very respectful of the resident. Next the OT used the LPM Resident Admission Activity Questionnaire with the resident. The questionnaire addresses 6 areas of occupation including: outside your home, inside your home, personal mobility, medical care, personal care, and daily activities. These categories list occupations within these areas to help the OT identify tasks or roles that the resident was participating in prior to admittance. This gives a basic guide to make sure that ADLs and IADLs alike are being addressed for safe return to home.

Observation of PHS OdysseyWare Classroom

January 14, 2011

I observed a classroom of students at PHS working on online credit recovery courses through OdysseyWare, an online course recovery framework. The class supervisor was D.Z. The instructor’s role in this class is to supervise the student’s progress, assist the students as needed, and maintain order in the classroom.

After taking attendance in each bell D.Z. asked the class if they needed any of their quizzes reset. The OdysseyWare course framework allows the instructor and teacher to control settings on each student’s account including: if the student may e-mail the instructor, the number of times a student may attempt to retake a quiz or test, the minimum score the student must achieve to pass a quiz or test, the ability for the student to receive feedback as to which questions were missed, the order that questions occur on tests/quizzes, and the minimum passing grade to pass the entire course. D.Z. can view when the students are logged into their online course. She can also view their progress within specific modules and completion of the course. However, one aspect of the OdysseyWare that she does not like is that she cannot track how productive a student is during a class. She can only
view that the student was logged in to the program and if the overall progress changed. This is not a realistic assessment of the progress, since the noted progress is only impacted when the student completes a quiz or test satisfactorily. It also does not account for time that the student is reviewing material (or not) within a module.

Within the classroom each student was working on a different course at a different developmental level. There were seven different classes throughout the day. Some students were in the class multiple bells working on different subjects/courses online. I was able to work with some of the students throughout the day. I observed courses that both lend themselves to scaffolding and courses that did not lend themselves to scaffolding. The modules in courses that utilized scaffolding (Math courses and some Science) must be completed in sequential order, and modules must be completed satisfactorily before moving to the next topic/module. The English, Language Arts, and Social Studies courses could be completed in any order that the student choose. This was beneficial in working with one student. This student was becoming overwhelmed and over-challenged by a topic. I was trying to explain the concept using different styles, but he was emotionally defeated and needed to take a break from the topic. The student had success with the next topic. This allowed him success before attempting the more challenging topic again.

It was eye-opening to see these 15-18 y.o. students who were having difficulty completing assignments because they could not read well. In some cases these students had behavioral responses to attending to work and they required redirection and encouragement to get on task. However, many other students were respectful and motivated to complete assignments independently.

This observation allowed me to see an asynchronous course from both perspectives of the instructor and of the student. This course was intended to provide students with an independently guided self-study under the supervision of the instructor and a teacher (for grading and curriculum
assignment). I observed a mismatch between the students and the challenge of the coursework. However, it was a good opportunity to practice teaching skills and strategies and see the things that work and do not work within this course.

Observation Reflection: XU
1-27-11

Georganna Miller, M. Ed., OTR/L, is a faculty member at the University of Xavier. She currently has the role of coordinating Level I and Level II Fieldwork experiences. She also teaches guest lectures to first year undergraduate students in the Nursing Program. The class that I observed was one of her four guest lectures on the topic of disability as a culture. She was lecturing to a group of about 40 or 50 students in a large conference style classroom. The students were arranged in a “U” shape facing the screen that showed the power point.

Ms. Miller immediately informed the students that she was ready to begin class on time and she expected the students to participate. Her teaching style is very interactive and Socratic. She presents a concept or topic and asks questions to get the students thinking. She explains, “One thing I learned from working in a mental health setting is that you can’t be afraid of silence. Eventually someone will answer your question because most people can’t bear the silence.” Throughout the class period Ms. Miller walked around the room. She said that she does this for two reasons. 1. To make sure people aren’t falling asleep and 2. To make sure that the students are on task. She says that she stands next to students sometimes when they are answering her questions because she wants them to know that what they have to say is important. When discussing her teaching style we noticed that a lot of her teaching strategies go back to her mental health background. She uses many techniques that reinforce participation, correct answers, and being prepared. Ms. Miller holds the students accountable for their own learning while still giving them the little extra push they may
Ms. Miller stated that she is a third generation teacher and her mother and grandmother were her role models. She said that she began teaching with the wrong attitude. She states that she began by “teaching to the students.” She would lecture and felt that the students were only going to learn from her giving them the material. She learned over time that the students can learn as much from each other as they can learn from a lecture. Ms. Miller stressed that it is important to keep students engaged in different types of learning such as group work, hands-on learning, looking up information independently, reading books, using videos, etc. She believes that videos and reflection are a good way to reach this population.

Throughout the lecture Ms. Miller redirected the attention of the students by asking them questions that prompted memories and personal experiences. She encouraged the students to take part in the discussion rather than writing and taking notes. She reassured the students that the power point would be available on BlackBoard and by e-mail if they preferred. I noticed increased attention when the students quit taking notes.

The university does not offer online courses, so Ms. Miller did not have any suggestions pertaining specifically to teaching an online course but many of the aforementioned strategies are applicable to online learning and finding my style of teaching.

Georganna taught the second class on the culture of disability. She showed the video Children of Guia. This video showed five individuals with different physical disabilities. The students were asked to think about three questions while they watched the video. The first question was “what shocked you?” The second question was “what did you learn that you didn’t know before?” The final question was “What aspect of working with people like these individuals scares
This video was thought provoking, and the students responded well. The students were honest and made some good points. They addressed many issues that pertained to person-centered care including: how the individuals were treated, their experiences, and empathizing with the individuals.

Observation Reflection: QH

2-1-11 and 2-3-11

QH is a non-profit long-term care facility located in Waynesville, Ohio. The facility has approximately 95 beds. QH’s funding and mission is governed by a board of Quakers who reside within the community. A typical long-term care administration and staff makes day to day decisions that keep things running. The facility’s philosophy is “To provide service in a way that honors the inner light within each of us.” The guiding values include integrity, equality, harmony, and simplicity.

This facility is broken into wings. One wing is a locked unit for people with severe dementia. This unit and the assisted living unit are set up as a neighborhood design. Large open areas with seating provide an environment for residents to move around and socialize outside of their rooms.

The hallways that are not set up like a neighborhood resemble a traditional LTC facility. Nursing stations are located at the ends of halls. I did not see residents crowded around the nursing station on either of my visits. Many of the residents who were not in their room or in therapy convened in one of the many open “living rooms” or the activities room.

The facility has primarily double rooms. Many of them are smaller than my college dorm room. Each room has a bathroom with a toilet and a sink; however the residents do not have showers in their rooms. A shower room is located on each hallway. Residents bathe on a schedule.
There are three dining rooms. One dining room in AL, one in the Memory Unit, and one for LTC. Many residents opt to eat in their room. The food did not look appetizing, and many of the residents complained about it both days of observation. One resident said “Every once in a while the food is ok, but not usually.” The residents do not choose their meal. If they do not like what they are being served they may ask for the alternative. One resident was complaining about her pile of mushy peas, over cooked potatoes, and something that resembled a chili dog. I asked her if she wanted something else. She replied that they never bring the new food when you request it. I did not further investigate, so I am unaware if this is a true statement.

Almost all therapy at this site was performed in the gym. The gym is a small room that used to be the staff lounge. The locker room area is now storage and where the rehab staff writes notes. The staff at this facility consists of one full time PT and three PTAs and one OT and one COTA and one part-time SLP. The size of the gym was a constant complaint from the staff. I suggested that there were many large open functional spaces throughout the facility. The staff appears to believe that therapy takes place in the gym. The DOR stated that he likes to get people out of their rooms by bringing them to the gym for therapy.

This site provided me with both positive examples of person-centered care and observations that demonstrate areas of improvement. The positive aspects of these observations were that the staff cares about the residents. The staff was generally good about telling the residents what they were going to do and explaining the importance of such tasks. When a therapist brought a resident to the gym he or she offered the resident some water or coffee. Coffee was available all day in the gym and was served in a mug. I thought that this was a nice gesture that you may use when welcoming a guest in your home, and it seemed to make the residents feel welcome.

The staff was also good at respecting the residents by knocking and introducing themselves
prior to entering resident rooms. The staff was also good at conveying the resident’s status to loved ones in plain language. The residents seemed to appreciate hearing good things about themselves and their progress. The team was also very good at reassuring and encouraging the residents when necessary. I could tell that some of the residents and therapists had good rapport from their interactions and the way that they conversed. The residents seemed to enjoy the social interaction with the therapists in the gym. Occasionally one of the residents would interact with another resident and begin doing exercises with that person.

One observation that demonstrated good person-centered care was a therapist working with a resident who had wet pants. The therapist noticed that the man’s pants were wet in the back when he stood from his wheelchair. The therapist took the man back to his room and directly notified the CNA that the man was wet and needed to be changed. I was happy to see this initiative. I have observed therapists in the past who continue therapy despite the resident being wet. I think that this shows respect and dignity for the resident.

Some of the room for improvement with person-centered care was based on the lack of originality and choice in treatments. It was difficult to immediately tell who was PT and who OT was. Many of the therapists had residents doing cuff weight exercises and the bike. This was not always the case. PT did some balance work in the parallel bars and transfers while OT added the pin tower and folding laundry. I did not observe the OTs doing many functional tasks. I understand that this is necessary at times to build skills prior to trying more difficult functional tasks. However, I cannot tell you the number of times that residents stated “I did this yesterday” or “I hate this” to both PT and OT. The disappointing part was that these were not all cases where the resident was over-challenged. The therapist response was typically “sorry” rather than using this as an opportunity to give the resident choices or trying something more meaningful to the person. One lady kept saying
“I hate puzzles” as she was completing a puzzle. The therapist that had set her up with the puzzle left for quite some time to go retrieve another resident. I am not sure if the woman was doing this task for fine motor, sequencing, or both, but the woman achieved neither due to the over-challenge of the task and the lack of therapist support.

One observation that demonstrated a huge opportunity for improvement was of a therapist working with the therapist’s last resident of the day. The man was sleeping in a geri-chair for the majority of his session. The therapist explained that the man has been on pain meds for his injury. The therapist continued to attempt to do exercises with the sleepy man who could not hold his eyes open and was not attempting much active participation. After a bit of time the therapist went back to work with another resident and left the sleeping man sit up in his chair to wake up. After sitting up in his chair for about 30 minutes and having the noises in the gym wake him he finally woke. I understand that it can be a challenge to find times of alertness when you have someone who sleeps a lot. However, this can be an opportunity for interdisciplinary interaction with nursing and the CNAs to determine times when the resident is more alert. We need to respect our clients and provide them with the best therapy possible to benefit their recovery. We need to be flexible to our resident’s preferences and schedules.

Observation Reflection: KOM

February 8 & 10, 2010

This week I spent two days at KOM. This was an insightful experience. This observation showed how the combination of a strong therapy team, good communication with nursing/CNA staff, and a pleasant environment can contribute to a positive experience for the resident.

KOM’s philosophy is “We, the employees of KOM HealthCare Company, are committed to setting an example for others to follow by being honest, respectful, friendly, and encouraging
everyone to be their best.” The facility also has a dedication to its employees: 1) “to consider each employee’s ideas as valuable and encourage a free exchange of information,” 2) “to provide the necessary leadership, coaching, and information, tools, resources, and training to employees to do their jobs well,” and 3) “to encourage personal growth and understand the needs and desires of each employee.” The staff appears to be dedicated to the residents as demonstrated by compassion in interactions with the residents.

The facility is newly remodeled. The environment is homelike and painted in soothing colors. Three types of rooms are available to the residents. The first is a semi-private room. These rooms are unlike any semi-private rooms I have seen. They have a wall dividing the two living areas and each resident has his or her own bathroom with a shower. The rooms are bright and provide ample space to place personal belongings. Private rooms are a little bigger than the semi-private rooms, and they have larger bathrooms. The final rooms are “transitional” single rooms. These rooms are typically used to prepare rehab residents to return to home. The care on this unit is less intensive than on the other wings, thus residents are expected to require less assistance with ADLs and mobility.

The residents have the option to dine in their room; however the majority of the residents prefer to go to the dining room for meals. The dining room is open for about two hours for each meal. Residents may decide within that time period when they would like to be served. The residents select a seat in the dining room then a host comes and takes their order. Residents are given a menu that typically presents two choices for each meal and choices that remain the same daily (soups, salads, etc.). The residents’ plates are taken to the table and the meal is served as it would be in a restaurant. Through observation and interview many of the residents said that they appreciate having choices in dining times and meal selections.
The therapy gym was the most surprising part of the facility. This gym was the largest therapy gym I have ever seen! The rehab department has an indoor pool, a washer and dryer, a full kitchen, a private treatment room, and two mat tables. The therapists have an area for desks. The gym is bright and painted in bright, warm colors.

Some morning treatments occurred in the gym, but the therapists tended to utilize other areas of the facility for treatment. The facility has a staff of 13 therapists (occupational and physical therapy staff and one speech therapist). The team was very inviting and open to my questions. The communication within the team appeared to be positive. Therapists were actively discussing residents’ treatment progress between disciplines throughout the duration of my observations. Through interviews the team gave me a picture of how the therapy team’s cohesiveness, strengths, and areas for growth influence resident quality of care.

The staff was individually asked open ended questions about the topic of person-centered care and what it means/how it applies to residents in therapy. Common themes emerged from these conversations. The staff emphasized reflective properties (of the therapist) including: knowing strengths and areas of growth, effectively communicating with the resident and staff, being positive, being accountable for interactions with both staff and residents, and making sure that treatments have the resident’s best interest in mind.

The therapy team has diversity in: gender, age of therapists, years of experience, years of experience in the SNF setting, personality types, and levels of education. The staff also expressed the importance of “knowing the resident.” Many of the therapy staff went above and beyond to know the resident and engage the resident in meaningful conversation.

The rehab director was very insightful and prompted me to further investigate topics and challenge the status quo. One way that Denny interacts best with clients is by “knowing little things
about them” that prompt discussion and make the resident feel important. Having connections to the residents helps him to remember them and provide better feedback to their families. This therapist emphasized the point that he expects his therapists to be accountable for their interventions, but the same can be expected of residents. It is good practice to make the resident accountable for progress (or stagnation) by making goals based on what they tell you they cannot do. Rather than telling the resident that he or she will be working on “x” today the therapist could state “we are working on ‘x’ today because you said that you cannot do ‘x’ at home.” This makes the resident accountable while also making the intervention and goals person-centered.

This therapist expressed areas, that from a managerial perspective his team could improve upon. He suggests that he wishes his staff would be more consistent about asking for help when necessary. He stressed that providing care that you are uncertain of is not beneficial for the resident and these scenarios are opportunities for staff growth.

A therapist presented an interesting scenario during one observation. The case was one of the residents had a history of a mental health disorder and this resident was faced with a recent crisis due to life situations and a decline in health. She had suffered the recent loss of her husband due to a fire in the couple’s home. The resident began a therapy session and became distracted. She began venting to the therapist about her situation (some of these rantings were hallucinations). The resident was not redirected and she did not continue the intervention based on the intended occupation. Despite the validity of the content in this conversation, was this session therapeutic?

ABSOLUTELY! This woman had been through things that some people do not have to deal with throughout their lifetime! One would need to be careful with documenting billable services, but this interaction was therapeutic to this woman. The woman stated “I just needed to tell this to someone” to the therapist at the end of the session. This therapist appears to truly care about his staff and the
During these observations I was also able to talk with a nurse. This nurse described a very similar definition of person-centered care to what the therapists had defined. When asked what therapists could do to decrease unnecessary demands of her job she responded that communication is extremely important. She appreciates it when the therapists tell her when they are going to take a resident so she can give them their pain medications prior to therapy. She emphasized that this works best for all parties involved including the resident.

Overall, this was a very positive example of person-centered care. This therapist and his staff were very open and honest with me. The areas that I see room for improvement are in making occupational therapy sessions more occupation-based, integrating EBP into treatments, and increasing resident choice in matters of therapy. It would be nice to see residents being asked when they would like to have therapy.

Observation Reflection: SM in Tipp City, OH

2/15/11 and 2/17/11

This observation took place at SM Health Center. This facility is a 99 bed skilled nursing facility located in Tipp City, Ohio. Spring Meade also offers independent living cottages located on the grounds. Many of the residents who come to the health center and cannot safely return to home consider moving to the cottages. The cottages offer an electronic life alert system that prompts an immediate response from staff at the health center.

The Spring Meade Health Center was built in 1992. The mission of Spring Meade is “To serve the people entrusted to our care, with kindness and professionalism, while striving to attain the highest possible quality of life and quality of care for each.” The facility is owned by Upper Valley Medical Centers and AdCare. This facility is divided into four wings. One wing is designated for
residents with severe dementia. This unit had more of a community feel than the rest of the facility.

The residents ate in their room or in one dining room at assigned times. Residents select meal choices daily. They are given two choices for an entrée and a selection of side dishes. Of the residents I interviewed many of them said that the food was ok, sometimes better than others. This is consistent with the response found at most other facilities as well.

Walking throughout the facility I noticed that the residents who were not in activities or therapy were typically sitting in their rooms. The open sitting areas were predominantly occupied by family members. The majority of the rooms in the facility were double rooms. The rooms were pretty small and full of furniture. Each resident had a lift recliner, a bed, a dresser, and a side table. Each room had a bathroom with a toilet and sink to be shared by the roommates. The shower rooms were the nicest setup I have observed thus far.

The residents shower three days per week based on a schedule. The shower room is spacious enough to easily maneuver a wheelchair. The walls are painted in light blue and the lighting is soft. The room has three shower stalls. Each stall was its own little room partitioned off by a homelike shower curtain that provides a discreet shower experience. The floors were made of large tiles with designs much like one would see in a home. Each showering area had a dressing area and was equipped with a shower radio/CD player. This area also contained a towel warmer to provide the residents with fresh, warm towels. This is a nice touch to provide a more homelike environment.

The therapy gym is located down the first hallway. The gym is larger than most other facilities I have observed. The therapist’s desks were located in the gym pushed toward one wall. This facility currently has one COTA, one PTA, one shared SLP, one part-time OT, and one PRN PT. The caseload at this facility is currently low. The gym has a set of stairs, parallel bars, a kitchenette, and the beloved arm bike. The gym did not have a stationary bike; rather the therapists
used the portable bikes for legs.

The treatments at this facility mirrored the stereotypical nursing home treatments. The therapists avoided using concurrent therapy in most instances. Each resident was given exclusive attention. The primary diagnoses of the residents on caseload typically included: debility, hip fractures, and positioning needs related to dementia. The plans of care were very similar for each resident.

The kindness of the therapists toward the residents demonstrated the therapist’s desire to help the residents. One prominent observation found in interactions with the residents was a consistency of approach. One therapist consistently praised residents even after one resident became annoyed with her constant praise. The other therapist favored an instructing approach. She attempted to empathize with the residents but her tone of voice sometimes portrayed a lack of genuine regard. These therapists were by no means “bad” therapists; they were merely reliant to their approaches to communicate with residents.

The therapists expressed an interest in providing quality care to their residents. They also expressed an understanding of how that goal could be achieved. Throughout my observations I have found that therapists want to treat their clients well (and the majority of therapists do), however the therapists are lacking in insight into their own treatments, lacking in creativity, and lacking in energy/motivation to treat each resident differently.

I have also found that not all cases of “difficult clients” are really a result of the client. Many times changing the therapist’s approach can begin changes with therapy outcomes. The same can be said for working with “difficult” family members. I believe that it will take insight and reflection for all of us to change the way we see ourselves as therapists and be open to trying new things.

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Observation Reflection: FCC
March 1 and March 3, 2011

FCC is a continuing care center located in Yellow Springs, Ohio. This facility operates based on Quaker values. The community’s mission statement states,

FCC strives to meet the residential living needs of seniors and others by providing a continuum of care and convalescent options in a homelike environment. Through respect for the dignity and unique needs of each individual, we aspire to the happiness and fulfillment of all residents and staff and the confidence and trust of family members and the wider resident community.

The Quaker values and mission are apparent in the quality of care throughout the skilled nursing facility. The facility is not very “homelike” at first glance. The living environment has a very institutional appearance looking down the long brick-lined hallways and into the dimly lit rooms. The floor tiles appear older and have a yellowish tint.

The facility houses about forty residents. Residents share semi-private rooms with assigned roommates. I found many “homelike” aspects of the facility hidden away. For example, the facility
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has a large highly utilized activities department. The room comfortably fits about twenty or more residents. The room has a table situated centrally in the room. A cozy fireplace hearth frames the exterior wall. Resident artwork lines the walls of the room. The room is bright and very inviting. The room has a fully functional kitchen.

The facility is devoted to the Eden Alternative. The back wall connects to a greenhouse that is used by the residents and the activities department. The greenhouse opens to a courtyard with raised garden beds. Back inside the facility is home to a bird and two well fed resident dogs. One interesting aspect of the facility is the inclusion of a pre-school. Children are present Monday through Friday. The children sometimes visit or participate in activities with the residents.

The therapy gym is small by comparison to the activities department. The room has a mat table, parallel bars, a pulley, a bathroom (with toilet and sink only), and an Omni Cycle. The therapy department consists of one full-time COTA, one full-time OTR, one full-time PTA, one part-time PT, and a full-time SLP.

The staff was very flexible with scheduling residents. The staff respected the resident’s participation in activities and personal scheduling preferences. The facility staff and therapy staff appear to have good rapport and interactions with one another. The staff also have great relationships with the residents as demonstrated by their interactions. The residents were comfortable communicating their needs to the staff, and many of the residents joked with the staff during treatment sessions.

One interaction between a PT and a “difficult” resident demonstrated good use of different communication models outlined by Taylor, Wook Lee, & Kielhofner, (2011). Initially, the PT’s student attempted to complete the evaluation with the resident using a problem solving approach and a directive approach. The resident sent the PT student away. The PT used a collaborating model of
communication. The PT got the man to participate by addressing his basic needs of comfort in seating and need to use the restroom. It was shocking to see how a slightly different model of communication changed the entire dynamics of the session with this resident.

The therapists used the limited resources they had very effectively. One of the most admirable aspects of this observation was the team’s dedication to the residents. If a resident said that he or she did not want to do something then the therapists all offered a different occupation and asked the resident what he or she would like to do. Choice is very important especially with this population.

Throughout the observations I have noticed at least one resident who is deemed to be “difficult” at each facility. I have also noticed that at least one of the therapists at each of these sites seems to have a better approach with the resident than others. I believe that this goes to show that each therapist has strengths in different areas of practice and these strengths need to be recognized by the therapist, the D.O.R., and the team in order to be useful. The most coherent teams seem to recognize the strengths and weaknesses of the team, and they use this advantage to increase the quality of care provided to the residents. In some cases, especially with new grads and alumni therapists, self-reflection on skills and areas of growth in treatment may be beneficial to increase quality of care. Many new graduates have expressed the difficulty of figuring out approaches with residents that are effective. On the opposite end of the spectrum some therapists who have been working for a long time have expressed or demonstrated that they are in a “rut.” In these cases the treatments appear the same for all residents and the therapist is not challenging his or her clinical reasoning or skills in therapeutic use of self. This course will attempt to address these issues.

Observation Reflection: Introduction to OT 101 at Sinclair Community College

March 3, 2011
Sinclair Community College is located in downtown Dayton, OH. This college is much larger than I thought it was. The school has about 19,500 students currently enrolled in associate degree programs. The college has a very successful OTA program. The waiting list for the program is currently between three and four years to begin. The program administration has attempted to screen truly interested students by developing a mandatory introductory class. This class is meant to educate potential OTA students on the roles of OTAs, the requirements/responsibilities of being an OTA, and exploring the desires of why one would like to become an OTA.

This course is taught by a COTA I met at a facility visit. This COTA graduated from this program, and she has been practicing for a few years. She has taught this course twice. The course materials are prepared for her in a packet. The materials include a bound text, a syllabus, a teaching manual, and grading rubrics for each assignment. Sinclair’s OTA program uses a collaborative learning style. The collaborative learning style is much like the style used in online learning. The learners are given reading assignments to complete individually outside of class. During class the students sit with their assigned learning groups and discuss the readings and a prompt that the instructor introduces. The students are given time in their groups to complete the prompt then members of each group present on a different portion of the material. This encourages the students to enhance their critical thinking skills and strengthen their skills in public speaking.

This class period the students were discussing licensure laws and advocacy groups related to OT. The students did a good job of sharing. Many of the students were very nervous speaking in front of their classmates. The instructor helped to prompt the groups for more information or provide more information when necessary.

The class was diverse in demographics of age, ethnicity, level of career experience, and dedication to the OTA major. The class was not diverse in gender (only two males) which seems to
be reflective of the profession. This class helps the students who are questioning a career as an OTA to make a definitive decision. The assignments are reflective in nature as will be many of the assignments in the prospective course.

The duty of the instructor is to act as a facilitator. The instructor kept the class discussion in motion and re-directed as necessary. I was able to review the course materials and discuss them with the instructor prior to the class and at the conclusion of the class. The course is web-assisted. The students are required to participate in weekly discussions on the discussion board. The rubric outlines the expectations for grading based on a point system for number of interactions as well as the quality of interactions. The assignments also had very detailed yet somewhat subjective (per instructor) grading expectations. The instructor grades assignments and highlights the level of competency that the assignment was completed. Following completion of grading the instructor places all grades on the student’s respective website.

I was also able to observe the lab portion of the class. The assignment was for the students to work in groups and plan an activity for the class that would elicit active participation of all students. The assignment had specific requirements that facilitated the lowest levels of clinical reasoning and brought cohesion to the class. All the groups performed well planned and thought out activities.

This observation was helpful in that it presented a less familiar learning style that is also applicable to online learning. Collaborative learning is something I have seen in my own course work as well as in the field.

**Observation Reflection: OH MH**

**March 22, 2011**

The Ohio MH is located in Springfield, OH. This campus is very large and provides independent living, assisted living, skilled nursing, and rehabilitation services. The campus also
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offers specialized options for residents with dementia. The SM Community’s mission statement states,

The SM Community is committed to providing quality adult retirement living, community-based services and healthcare in a dignified, supportive living environment with concern and compassion for all based on Masonic principles, values and tradition. The Community will foster an environment which respects and encourages the individuality of its residents, while fostering a full and meaningful lifestyle for its residents, in all aspects of their lives, through the management of its human and other available resources.

The values and mission of this community represent values of person-centered care. The community continues to make the environment more homelike and welcoming. Many of the resident rooms have been converted into individual suites. The resident’s room resembles a traditional nursing facility room, but the previously shared bathroom (without a shower) connects the resident’s room to a private sitting room.

The building that I visited housed long-term residents and residents who were at the facility for rehabilitation. The rehab department had the most space of any of the facilities I observed. One wing of the facility was devoted to treatment and office space. The therapy department has a large gym space and two or three private treatment rooms. The team was also blessed with lots of storage areas.

The team at this facility is comparable to that of MP. The D.O.R. stated that they currently have about 28 residents on the daily caseload. The team members typically try to keep the same residents on their caseload for consistency. The facility has requested that the team develops a daily therapy schedule for all the residents. The D.O.R. discussed this as a bit of a challenge and something that inadvertently works against some of the residents from a person-center care perspective. The team addresses this challenge through asking residents their preference for the time of day for therapy. This gives the therapists and the residents an expectation of when therapy will
occur but it also allows for unanticipated life situations that may interrupt a definitively scheduled session.

The team appeared to communicate well together. They actively discussed plans of care when changes were becoming apparent and they were flexible in their treatments (sharing residents and doing different treatments with different residents). Many of the therapists used the same types of treatments that I have seen at other facilities, but they did not do one specific treatment with all the residents on their caseload (e.g. everyone uses the arm bike then does exercises).

The D.O.R. reported that the one area that the group could use improvement is in planning groups. She stated that the team has good ideas, but the group could be better at facilitating the groups and keeping them moving. This challenge has been discussed at most of the facilities I observed. This topic is being addressed this Spring by a CRI Stat team. Communication within the team and grouping residents appropriately by task is the part of developing groups that I think fits into the topic of person-centered care.

Overall, my observations were beneficial in identifying practice areas of concern in the field. I learned a lot from seeing the different approaches that different therapists take with clients. Communication within teams and communication with residents seem to be the two biggest areas of concern across the board.

I also learned that the physical environment is not nearly as important as the way that the residents are treated. Some of the therapy teams that provided the most person-centered care were the most institutional looking settings. Attitudes and personalities within a team can set the tone for the quality of care provided. Most importantly, the D.O.R.’s personality and values appear to have a great impact on the values and care provided by the team.

Therapy should be individualized to the resident, and many of the therapists I observed know
how to do that. Likewise, many therapists do not make sessions resident-centered for one reason or another. Great emphasis needs to be placed on empathy for the resident in the clinical setting. I really think that some of us just need to reboot and decide why we are in this field. Hopefully the answer is because of the residents.

Observation Reflection: MP Retirement Village

3/15/11 and 3/17/11

MP Retirement Village is located in Monroe, Ohio near Middletown, Ohio. The campus provides a variety of living options including: independent cottages, assisted living, rehabilitation, and skilled nursing. The skilled nursing facility is the home of the rehabilitation team. The building has is set up in a square layout. The rooms vary in size, amenities, and privacy in each wing. Some of the oldest looking rooms are small and residents share a joined half bathroom. Some of the studio style rooms have a shower.

The facility is generally illuminated with artificial light with the exception of a few open spaces and the therapy gym. Potted plants and birds create a homelike illusion in the community sitting areas. Dining rooms are located between hallways to accommodate the residents on each of those hallways. The residents select their meals for the day in the morning by circling their choices on the menu.

Residents have assigned days to complete showers, but they do not have assigned times to shower. A shower room is located near the end of the hall for the residents who do not have showers in their rooms. The shower room has standard institutional tile. It has towel cabinets to hold linens. The shower room is designed to accommodate one resident at a time. This helps to preserve the privacy and dignity of the individuals.

The therapy team at this facility is large compared to prior observations. The team has a full-
time staff of about 10 therapists and a handful of PRN therapists. The team appears to interact well
together. On top of these observations I had the opportunity to work with this team at this facility for
three to four weeks during my second Level II. The COTAs and PTAs have good relationships with
their supervising counterparts. The members converse openly and consistently about plans of care as
necessary.

The team’s dedication to planning interdisciplinary weekly groups is a strength of this team. The team consistently comes up with creative, low-budget, interactive group treatments that incorporate all disciplines. The residents seem to enjoy these group sessions. The therapists appear to do a good job of utilizing the space within the facility. Groups take place in dining rooms, the Activity Department space, the courtyard, etc. The team does not appear to need much guidance from the D.O.R. for such events.

Each of the team members brings a diverse perspective and approach to the team. A few of the team members mentioned that they feel like they learn a lot from their coworkers and their clients on a daily basis. Despite this diversity it appears as though many of the therapists have their “routines” set. One therapist admitted before knowing the topic of this course that she often gets materials out and has all of her residents do the same thing throughout the day. Despite this admission this same therapist provided an excellent example of person-centered care while working with a resident in her room. The therapist went in to the room with the plan to bring that resident to the gym. While the therapist spoke with the resident the resident discussed some of the difficulties she was having in getting around her room. The therapist immediately switched her plan and asked the woman if she wanted to work on these difficult tasks. The woman did want to work on these things. The therapist did a good job of making the simulated home tasks as naturalistic as possible. This specific scenario demonstrated the importance of flexibility on the part of the therapist, and that
the therapist (who admitted to doing cookie-cutter treatments) was very capable and aware of the need to create person-centered treatments.

I have commonly seen therapists in these scenarios where they have an opportunity to make a session more naturalistic and person-centered but pass it up because it is too difficult or time consuming. We need to advocate for our residents and do what is best for them. My hope is to get therapists reflecting on what they are doing and start with baby step changes on the path to becoming more person-centered.
Annotated Bibliography


Abstract

This resource does not have an abstract.

Summary and Significance

This website was developed to provide a primary source for the Allen Cognitive Levels. The assessment that accompanies this model is used frequently in long-term care facilities. I like this assessment because it looks at three different components and gives a more holistic view of the person than many other assessments. The assessment also highlights the resident’s abilities rather than highlighting deficits. I believe that this assessment goes well with the concept of person-centered care.

Through observation and the needs assessment I determined a need to address theory based practice. This brief introduction to Allen’s Cognitive Levels will be a starting point for integrating theory into practice.


Abstract

This chapter does not have an abstract.
Summary and Significance

The chapter discusses how technology and computers will impact education. This chapter was published over ten years ago. The topics discussed in this chapter are not relevant to the current use of technology.


Abstract

This article examines a longitudinal case study exploring the experience of a cohort of part-time, adult, work-based learners, mostly experiencing higher education for the first time. A wide range of instruments, including diaries and interviews, were used to collect data to explore, in some depth, the nature of the learning experience. Data analysis was undertaken using a matrix framework focusing on the positive and negative dimensions of the experience using the twin perspectives of learning context and individual identity. The study is shown to be part of a longer action research cycle. The study identified tensions between individual anticipation and anxiety and an institutional tension between positive conceptualizations of a supportive learning community contrasted with manifestations of higher education as an alien environment that actually hampers learning. The research was driven by the need to explore the development of a support infrastructure that addresses student needs. At one level the purpose of the research was to develop the course with a view to continuous improvement of the student learning experience. However, at the same time the research underlines the power of action research as a means of improving practice by formalizing tacit reflection on learning and teaching and how this benefits both tutors and students by improving engagement and awareness of the learning process.

Summary and Significance

This article discusses the challenges of adult learning and the need for a supportive learning infrastructure. This article reinforced the importance of developing a supportive learning environment to promote effectiveness in learning and to decrease anxiety from both the teacher and the learner. Unfortunately, from an instructors’ perspective the instructors have little input into the changes that occur in BlackBoard. From a students’ perspective I can say that I have not had many difficulties with BlackBoard (BB) besides the occasional inability to access the
network due to updates. Occasionally I have difficulty accessing some of the available links and materials on BB; however this is a rare occurrence.

In order to decrease anxiety and frustration of the students if such an issue were to occur I would a lot more time for completion to remedy their lost time. However, this would be completed on an individual and circumstantial basis to ensure that students were not using minor technology issues to try to get out of work.

I also recognize the diversity in the prospective student population. The learners will be coming with different educational, experiential, and generational backgrounds. Thus, I must respect these differences and embrace them through material that emphasizes different learning styles.


Abstract

This resource does not have an abstract.

Summary and Significance

This seven minute long video depicts the setup of a small house. Throughout the tour the guide points out the value of individuality and the sense of community within the small house setting. Elders are encouraged to bring their personal items and decorate their living space as they would their home. The small house setup encourages elders to come to the table and spend time in living areas outside of their rooms. Socialization is a key component of this model. This video will provide learners who are unfamiliar with the small house design with an introduction to the workings of this type of site through audio and visual medium.

Abstract

In this prospective treatment study, the effects of two different occupational therapy strategies were compared in two samples of long-term geriatric inpatients (*n* = 22 in each group) with slight to moderate dementia according to DSM-III-R. Psychometric ratings after 12 weeks and 24 weeks of treatment have demonstrated that the application of a reactivating occupational therapy programme in addition to functional rehabilitation is significantly more efficient than the application of functional rehabilitation alone on levels of cognitive performance, psychosocial functioning, and the degree of contentedness with life. These results support the assumption that geriatric patients, if stimulated for a longer time, are able to mobilize latent resources of cognitive and psychosocial performance. Reactivating occupational therapy has a place in the treatment of long-term geriatric patients.

Summary and Significance

This article shows that rote exercise alone in a restorative manner does not promote improvements to the degree of exercise and occupational therapy. The findings suggest the power of occupation. Per observation many nursing home therapies are lacking in occupation. Many of the stereotypical activities observed in nursing facilities are based on rote exercise and lacking in creativity. Cuff weights and dowel bars hold the place of occupational tasks. To provide quality person-centered care is to challenge residents with meaningful and purposeful occupations.


Abstract

This website does not have an abstract.
Summary and Significance

This website provides access to summaries/overviews of research within the field of OT. The site provides resources and allows you to search for free. I like the idea that it is free. Many of the complaints about finding evidence are centered on access and cost. This website is free and it provides easy access to materials.

Busy therapists do not even need to read the whole article (even though they should) because summaries and systematic reviews of evidence are provided. The intent of introducing this site is to convince therapists that finding evidence is not hard and time consuming. The livelihood of our profession depends on evidence-based treatments and theory. Hopefully introducing easy tools will encourage therapists to continue searching for and integrating evidence into practice.


Abstract

This article does not have an abstract.

Summary and Significance

The author Dorothy Billington is a professor at John Hopkins who has studied the learning processes of adults. She has found throughout her research that both men and women
continue to engage in learning and growth from learning through adulthood under certain circumstances. Billington found seven factors that influence effective learning in adults. The factors discussed include: 1) a safe supportive environment, 2) an environment that fosters experimentation with creativity, 3) an environment where the learner takes responsibility for learning, 4) the material is a “just right challenge.” 5) active involvement with material that is applicable to experiences, 6) an environment that treats the learners as peers acknowledging their experience and intelligence, and 7) integrating regular feedback.

These findings are consistent with the teaching and learning theory of Knowles. Knowles emphasizes the importance of an accepting relationship between the teacher and adult learner. Learning occurs most effectively in environments where the learner is comfortable. These seven factors will be important to keep in mind in the design of this course as the anticipated population is adult learners in an online environment.


Abstract

The aim of this pilot study was to assess the effectiveness and usability of Dementia Care Mapping (DCM) as a person-centred evaluation of the quality of care being given to people with dementia. The participants were residents of a long term psychogeriatric hospital in New Zealand. DCM was administered in four phases: baseline, pre-intervention, post-intervention and one month post-intervention. Intervention strategies included a range of daily activities for residents, staff education, and environmental adaptation. The findings suggest that occupational and psychosocial intervention can improve the quality of care provision and thus the well-being of people living with dementia.

Significance
This article caught my attention due to the title. I thought that this article would be beneficial to address during the course. However, my research skills told me differently. This research design was very flawed. The study was lacking a control and enough details to understand the study. The data collection methods used in this study are subjective. The study had a very small sample size (9), and of that sample three of the participants died during the study. This leads me to question the validity of this study. Additionally, the researcher does not mention any limitations. No study is perfect, and I believe that the researchers overstated their findings. As a result of these flaws this article will not be used in this course.


**Abstract**

This article has no abstract.

**Summary and Significance**

This lengthy document thoroughly describes the laws and statutes associated with authorship of ideas, business interactions, responsibilities, duties, confidentiality, etc. The majority of the laws and statutes apply to the university as a whole and guide the university’s functioning rather than specific courses.

**Buron, B. (2010). Life history collages; Effects on nursing home staff caring for residents with dementia. Gerontological Nursing, 36 (12), 38-49.**

**Abstract**

This study evaluated the effects of person-centered life history collages on nursing staff knowledge about individual residents living with dementia and staff perceptions of individualized care practices. Thirty-six nursing staff participants (18 experimental and 18 control) who cared for 5 residents with dementia in two nursing homes were recruited.
Intervention staff members were exposed to life history collages for 4 weeks. Pretest and posttest data were analyzed using multivariate analysis of covariance and analysis of covariance. While intervention group members' knowledge of residents' family, jobs/careers, and likes/dislikes/interests improved significantly at posttest, $F(3, 26) = 6.80, p < 0.01$, and at 3 weeks postintervention, $F(3, 23) = 9.85, p < 0.001$, perceptions of individualized care/person-centered care practices did not. Potential reasons for this lack of improvement are identified and discussed. Directions for future research are also provided.

Summary and Significance

This study addresses some key aspects of person-centered care. First, the entire care team should provide consistent, high quality, person-centered care. This study examined relationships between nursing staff and residents/family of residents. The collages in this study may have actually impacted more of the team in learning about the resident. Second, this project emphasized the whole person (his/her past, his/her likes and dislikes, and pictures that reinforce these things).

This population had later stages of dementia, so it was imperative to include family members in the process. A collage could be used as a part of staff education (learning about the person and what causes distress/calms, teaching a technique, etc.). Depending on the level of cognition and fine motor abilities of the individual the creation of the collage could be a great person-centered occupational therapy intervention that could have lasting benefits for the resident as well as the staff. Working on creating a collage can address a multitude of client factors and deficits. This may be a useful tool for therapists to use in interventions that can be fit to occupational needs of the person.


Abstract
As more affordable synchronous communications are becoming available, the use of synchronous interactions has not been noted in course Web sites as often as asynchronous communications. Previous research indicated that the integration of synchronous tools into course Web sites has made a positive impact on students. While most of the previous studies were limited to open-ended questions and qualitative inquiries, this study extended the study of synchronous interaction by performing a sequence of quantitative and in-depth data analyses to explore how important this factor is relative to other factors and how this factor affects satisfaction of students majored in Information Systems with course Web sites. In a sample of 102 undergraduate students who were taking classes offered by Department of Computer Information Systems, the 89 percent of those students were majoring in Computer Information Systems while the rest of them, except a few, were pursuing a minor in Computer Information Systems. Findings in this study suggest that improving student satisfaction with synchronous interactions will effectively raise their overall satisfaction with course Web sites. While the delivery of educational materials is undergoing a remarkable change from the traditional lecture method to dissemination of courses via Web-based teaching-support systems, improving student satisfaction with course Web sites is closely linked to quality of day-to-day teaching.

Summary and Significance

This article provides evidence-based support of incorporating the use of synchronous technology into learning experiences. The article also provides helpful information about teaching styles that fit best with technology. For example, the author cites a study by Burnett (2003) that directs instructors to use synchronous learning as a tool to enhance interactivity between the instructor and learner and learner and learner rather than using it to direct learning.

The author also discusses the basis of constructivism theory to guide interactive learning. The Constructivist theory is based on the principles that learning should be 1. Interactive, 2. Active, 3. Relevant, and 4. Learner-centered. The three types of interactions supported by this theory are: learner-instructor, learner-learner, and learner-content interactions. Successful learning occurs as a result of the learner’s willingness and ability to learn, interactions with one another, and how the instructor and learner interactions impact learning.

This study examined 102 undergrad students (n=102). Students (mostly Information Systems students) responded to end of semester surveys about online learning experiences in classes that contained both synchronous and asynchronous learning. Results: Strong convergent
validity, discriminant validity, and factorial validity. Thus, the survey questions measured what they planned to measure. The researchers found that the students preferred synchronous interaction to traditional face-to-face interactions and asynchronous interactions. The research emphasized synchronous interactions including: chat rooms (learner-learner & learner-instructor) and instant feedback.


**Abstract**

This resource does not have an abstract.

**Summary and Significance**

This website is a resource for therapists and caregivers pertaining to bathing issues with people who have dementia. The book *Bathing Without a Battle* is available for purchase. However, the site gives a handful of free tips and resources for working with individuals with dementia in a dignified manner. The site suggests looking at the environment and targeting things that trigger the individual with dementia. Bathing is an ADL that is often performed during occupational therapy treatment sessions. By investigating the problems associated with bathing and providing solutions the whole team and the client will benefit.

This site has many links to helpful websites that contain geriatric-related material. This would be a good reference or starting point for a therapist who has a client who struggles with bathing.

Abstract

This resource does not have an abstract.

Summary and Significance

This 21:05 video outlines cultural competency in healthcare and its importance. This is an important and overlooked topic that is very important to person-centered care. This video emphasizes that every encounter holds sameness and differentness (humanness). How a person handles distress and what coping mechanisms he/she uses are important. Uniqueness as a person must be respected. The interviewee emphasizes that it is important to know about cultures but no one person will ever know everything about a culture. Culture is important to understand but each person is unique. Disparities in care have evolved from the “one-size fits all” system of care. One of the most important topics discussed throughout the video is that it is of the utmost importance to recognize and address personal biases. This video will be a good explanation of cultural competence. This video will be a good tool to promote discussion and reflection.


http://www.utoledo.edu/offices/compliance/What_is_HIPAA.html

Abstract

This resource does not have an abstract.

Summary and Significance

Health Insurance Portability and Accountability Act
What is HIPAA?

HIPAA is the acronym for the Health Insurance Portability and Accountability Act. The basic goals of HIPAA are to:

- Improve the portability and continuity of health insurance coverage for individuals and groups
- Promote the use of medical savings accounts
- Improve access to long-term care services and coverage
- Provide established policies, procedures, and safeguards for security and privacy of patient data and patient related systems
- Simplify administrative procedures

**How does HIPAA affect me?**

This law affects all faculty, staff, students and volunteers at the University of Toledo, as well as anyone who does business with us. Failure to comply with the HIPAA requirements can result in fines, loss of wages and in extreme cases, even prison.

Each member of the University of Toledo Community and business associates will need to go through privacy and security training. There may be new rules about how to handle information or what information is available to you in your job. There will be an increasing focus on communication with regard to confidentiality. Responsibility for reporting any suspected breach in privacy or security will become each person’s duty as a member of the UT Community.

**For more information, please contact:**
Lynn Hutt, Privacy officer for HIPAA
Bob Hogle, Security officer for HIPAA

HIPAA is an ethical/safety concern that is directly related to this course from the standpoint of the course creator as well as the students. Much of the course content has been developed through needs derived from site observations. These site observations have provided exemplar and non-exemplar behaviors and interactions of therapists pertaining to person-centered care. Note: No flagrant disrespect or harmful interactions with residents was observed. If such interactions had occurred the proper authorities (management) would have been notified. The identity of the therapists, facilities, and clients observed in the preparation for this course must remain anonymous due to HIPPA.

HIPAA information is also an ethical concern for students in the course. Students will be given opportunities to interact with peers. During this interaction students will likely share personal experiences with peers. It is of the utmost importance that names and identifying information of clients is not shared to protect the clients. Additionally, any information shared by
the students during discussions should remain within the intended community audience for respect of peers. HIPPA will be addressed in the syllabus.


Abstract

This article has no abstract.

Summary and Significance

This article discusses the differences in learning styles of Generation X and Generation Y as these styles contribute to use of technology in the library. This author examined the use of Blackboard by students at Stetson University. Librarians were asked to provide basic search training to the students through the use of PowerPoints and handouts. The librarians were then challenged to place materials in the course’s Blackboard. The students were asked to fill out instruction evaluation surveys at the end of the sessions that allowed students to rate the instructors on coverage of content and content delivery. This was rated on a 5 point Likert Scale. The feedback was positive for the content areas and use of Blackboard. The area of concern was that the instructors tried to cover too much material in a short amount of time. Based on the feedback from multiple classes the instructor generalized that using Blackboard to post hyperlinks and documents was an effective approach for teaching these Gen X and Gen Y college students. These tips will be beneficial in designing the current course structure and delivery of content.

The literature review in this article suggests six tips for working with Gen X learners.

1. Present material in short focused segments
2. Offer sessions that stimulate rather than alienate
3. Design materials that are concise and engaging
4. Capitalize on enthusiasm for technology
5. Provide opportunities for personal contact
6. Maintain separate instructional and reference services

The author reports that Generation Y is comfortable with the use of computers, but this generation may be overconfident in evaluation of retrieved materials on the Internet. A source cited in this article (Manuel, 2002) suggests that lecture is an ineffective way of teaching Gen Y. Gen Y seeks active and kinesthetic learning environments.

The content of this course will be supplemented by technology. Thus, the technology addressed in this article may be more involved than the current course delivery. This article can serve as a guide for appropriate and effective use of technology with the population. The learner population of the current course will primarily be Gen X and Gen Y students (with some Boomers) who have been through at least an associate level degree. It is anticipated that the majority of these individuals have had experience in using a computer and the Internet.


Abstract

Person-centered care is a key concept guiding efforts to improve long-term care. Elements of person-centered care include personhood, knowing the person, maximizing choice and autonomy, comfort, nurturing relationships, and a supportive physical and organizational environment. The Oregon Health & Science University Hartford Center of Geriatric Nursing Excellence and the state agency that oversees health care for older adults worked in partnership with 9 long-term care facilities. Each developed and implemented person-centered care practices, including those focused on bathing, dining, or gardening. This article describes the processes used to develop and support these practices. Three exemplary facilities made significant practice changes, 4 made important but more moderate changes, and 2 made minimal progress. These facilities differed in terms of existing culture, management practices, staff involvement, and attention to sustainability.

Summary and Significance
This article is from a nursing journal, but it encompasses a team approach to training and enhancing person-centered care within a nursing facility. This article discusses the positive outcomes of providing training and increasing awareness of residents’ needs and desires. The Person-Centered Care Project looked at differences in 10 facilities that participated. The project set up a structure that educated and supported the teams. The most common areas of focus were in bathing, dressing, and meals. Three teams made exemplary progress over the given time while four facilities made significant progress that warrants further improvement. Two other teams made minimal progress, and the final team’s facility closed. The common themes of success were the degree to which the teams understood and were committed to making changes in the way of PCC.

This article will serve a good resource for demonstrating that change is achievable. It will also help to demonstrate the potential barriers to change. Some of the teams achieved limited change despite strong leadership due to a lack of participation by the whole team.


Abstract

This resource does not have an abstract.

Summary and Significance

This chapter emphasizes not overworking as an instructor when resources are right in front of you. The text suggests that students contribute valid links and research experiences through discussion that could be compiled as a resource list when appropriate. In essence, the
instructor is not only teaching but learning from the student. The students are an active part of the teaching/learning process.

The author also suggests ways to avoid assessment issues. These suggestions include:

- Provide a rubric. Include terms like “appropriate choice of source documents” and “effective presentation of conclusions”
- Split large assignments into values based on sections
- Make policy for late submissions clear from day 1

These suggestions have been emphasized throughout the literature. To be an effective online teacher one must be organized and define expectations as to avoid issues in the future.

This chapter also suggests tips for effectively designing the content of an online class.

These tips include the following:
1. Design contribution oriented activities and resources to support (i.e. video, PPT, article, etc.)
2. Design assessment and rubrics
3. Design web environment
4. Design rest of course
5. Design to communicate expectations immediately

These tips were already apparent based on prior curriculum design instruction and readings, however the tips are important to keep in mind when designing the course.


**Abstract**

This source does not have an abstract.

**Summary and Significance**

The Eden Alternative is one of the leaders in the Person-Centered Care movement. The Eden Alternative is guided by 10 principles that seem to be prevalent in the literature. The company’s focus is on creating environments that are like home and encourage choice for
residents. The Eden Alternative is a good model to discuss as a theoretical base for Person-Centered Care.


**Abstract**

Objective: This article aims to (a) suggest ways in which acute hospital environments might be modified to better meet the needs of the older person and (b) question whether options other than acute care should be canvassed for older people. Setting: Acute hospital settings. Subjects: Older people and people with cognitive impairment. Primary argument: Older people are large consumers of acute hospital care, and acute hospitals are known to pose significant risks for this vulnerable population. Such risks include delirium, falls, restraints, drug side effects, and general de-conditioning entailing loss of function and independence. Eight dimensions of person-centered care are presented to promote assessing and meeting the needs of older people in acute care. Alternatives to acute hospital admission are also suggested, such as developing ‘older people centres’ to which older people could be admitted for triage in older-friendly environments staffed by geriatric experts, places in which their multidimensional care needs could be better met.

Conclusions: As an alternative to acute hospital admission, ‘older people centres’ could be developed to which older people could be admitted for triage in older-friendly environments staffed by experts in care of older people. In the mean time, why not provide a balanced approach that provides some environmental adjustments for older people, core knowledge and skills for all staff, and access to gerontic expertise in the acute hospital care of older people.

**Summary and Significance**

This article outlines areas within acute care settings that need improvement. The researchers suggest eight postulates for change. These include: 1. Establishing a philosophy of care that is person-centered and holistic, 2. Developing care systems that support person-centered care, 3. Collecting personal history of patients, 4. Establishing a trusting relationship, 5. Adapting environments to assist comprehension rather than confusion, 6. Developing care plans with emphasis on strengths rather than problems, 7. Offering a calm pace and optimal stimulation, 8. Having expert staff. This article is different from many of the other articles I have
found. Many of the other articles are related to long-term care facilities. The article outlines these general guidelines that may be helpful to develop course material.


**Abstract**

This essay asserts that the long-term care system, as we know it, has grown in response to public policy initiatives in other areas. This system is lacking in clear, coherent conceptual underpinnings. If significant culture change is to occur, societal values, public policy, and provider behavior must be responsive to the clear preference of consumers for services that respect their dignity by balancing the system toward home- and community-based services and home-like residential care when needed.

**Summary and Significance**

This article emphasizes the consumers’ perspective on culture change and provides a foundation for why culture change is necessary for consumers. Contributing factors to long-term care culture and barriers to change are introduced and discussed. Knowledge of barriers is necessary to understand how change can be successfully initiated. The first aspect of creating change is identifying areas that require change and being able to justify the change. Many of the learners in this course have limited experience in long-term care, so this chapter will beneficial to provide an accurate picture of LTC and its areas for potential improvement.


**Abstract**

The profession of occupational therapy is said to have underpinnings of holistic, humanistic, and client-centered values. How does this claim translate into practice? This article reports on a qualitative study in which the practice experiences of 12 occupational therapists in the United Kingdom were explored. Through phenomenological analysis of interviews and participant observation data, the findings revealed that although holism is indeed valued, considerable
uncertainty exists about what it actually means. The therapists studied seemed to understand holism and enact it in different, sometimes contradictory, ways. Further, each therapist's practice could be simultaneously reductionistic and holistic, depending on the perceived needs of the situation. Therapists struggled to negotiate the tensions between beliefs and practices and to cope with their uncomfortable feelings when they did not achieve their ideals. Although the occupational therapists in this study strove to be person-centered, the demands of their work context pushed them to be pragmatic and strategic.

**Summary and Significance**

The findings of this article are similar to personal observations of therapists working in long-term care facilities. Therapists seem to understand the concept of “person-centered care”, but many of those same therapists do not demonstrate the acts of person-centered care to the fullest. Through the process of reviewing literature and observing therapists conclusions have been drawn that the demands of the environment and the support of the environment in which therapy occur have great impacts on the quality of person-centered care that an individual receives.

As stated in this article therapists’ ideas of “holism” vary greatly and these ideals directly impact the approach to therapy. However, some of the interviewed therapists recognize a disconnect between their treatments and the quality of care they believe they should be providing. Therapists describe reasoning for providing this less than desirable care. These reasons include: managerial beliefs, time constraints, insufficient quick assessments, size of caseload, and the reimbursement system.


**Abstract**

Recent research has focused on organizations as continuously confronted by forces for change. These forces may cause organizations to rethink their deeply held cultural values and beliefs in order to survive in the changing landscape. Using the long-term care industry as an
exemplar, we argue that effective change requires understanding what organizational culture means, and understanding how organizational change typically occurs. Though some scholars emphasize that change is largely out of the control of organization leaders and primarily the result of evolutionary and revolutionary forces, we argue that culture change can be effectively managed. We conclude with implementation strategies for effective culture change management.

**Summary and Significance**

This article introduces the forces that bring about change and outlines the process of organizational change. The article is important because one cannot initiate true lasting change without first understanding the current organizational culture and behavior. The author emphasizes understanding organizational values, beliefs, and morals. This provides a bridge into introducing occupational therapy values and the code of ethics in the course. This article emphasizes changes initiated by management; however any professional can bring about change on a small scale level. With hard work, leadership, and determination any professional can cause change.


**Abstract**

This resource does not have an abstract.

**Summary and Significance**

This webpage offers general information about categorizing and understanding the sources and implications of research. Evaluating research articles is something that the proposed student population needs information about based on the needs assessment, CRI management staff input, and conversations with therapists.
Finding and evaluating evidence is a key focus of many current curricula, and evidence-based practice is the best-practice standard accepted in the profession of occupational therapy. This website provides basic information that in conjunction with other resources will prove to be beneficial for the students in locating evidence. Quality evidence is essential in order to understand best practices in Person-Centered Care. The purpose of presenting this information is to provide the students with tools that they can use in the future to enhance the quality of care they provide.


**Abstract**

The purpose of this collaborative inquiry project was to examine teacher education practices in two early childhood degree programs in a school of education at a regional university in Australia. All students are enrolled in these online courses as distance learners. The reconceptualized online pedagogy immersed students, peers and their lecturers in ‘teaching through assessment’ (Edwards, 2010) in a collaborative online environment that mirrors the complexity that students are experiencing in their workplaces. This article describes the pedagogical and conceptual underpinnings we used to reconceptualize our degree programs. It also outlines our evolving conceptualizations of learning as knowledge creation (Hong & Sullivan, 2009) in the context of our teaching and learning in online courses.

**Summary and Significance**

This article explored the changes in the world of online teaching while emphasizing the fundamental pedagogy of teaching and learning. The described re-conceptualization focused on three basic principles. These principles include: learning as acquisition, learning as participation, and learning as knowledge creation. This basically means that you introduce information in multiple formats that are appropriate for the learner. Then challenge the learner to apply this learned knowledge (and previous knowledge) to novel experiences through diverse mediums.
The authors emphasize the importance of interaction between learners and between the learner and the instructor. The authors stress the importance of utilizing tools such as blogs, wikis, discussions, chat rooms, resource folders, and announcements to enhance the learning experience and diversify the delivery and assessment of material. This article is beneficial to refer to when developing content and assessments for this course development.

Gpricewise. (2009). *Cultural competence: Managing your prejudices*. Available at [http://www.youtube.com/comment_servlet?all_comments=1&v=E1MI_h0Hlcw](http://www.youtube.com/comment_servlet?all_comments=1&v=E1MI_h0Hlcw)

**Abstract**

This resource does not have an abstract.

**Summary and Significance**

This video is a presentation that emphasizes common biases and how they can be detrimental to relationships with clients. The video offers a few case examples, and provides a brief quality introduction to cultural competence.


**Abstract**

This article does not have an abstract.

**Summary and Significance**

Dr. Hermanson is a consultant for the School of Education at John Hopkins. Her research focus is adult teaching and learning theory. The author describes instrumental learning as a necessity to everyday life, however her research suggests that two other forms of learning are more effective
for adults. The first type of learning is social. This form of learning stems from interacting with others. The other type of learning discussed is developmental learning. This type of learning involves learning about oneself. Often times these two categories of learning are intertwined. The author discusses these learning experiences as being “transformative” for the adult learner due to the intrinsic interest in learning about the topic. The author suggests that providing learning experiences that utilize the aforementioned styles will enhance the effectiveness of the learning experiences of the adult learners by creating a space for connections within the learning community.

Social and developmental learning will be fostered in the prospective course through providing a safe online community for interaction with peers. The learners will be encouraged to learn and grow through discussing experiences, reactions to course material, and personal insight into the material. The purpose of the discussion board is to serve as an outlet for sharing information and learning from peers.


Abstract

This chapter does not have an abstract.

Summary and Significance

This chapter addresses challenges and ethical concerns of web-based learning. One concern of on-line learners is a feeling of disconnect from other learners. One way to combat this feeling of disconnect is through providing activities and discussion boards that promote interaction. Another concern with online learning is the speed and efficiency of the technology
being used. This is not typically a problem with BlackBoard due to its dedication to keeping the program up-to-date and providing a dynamic learning environment. A concern of any use of technology is the risk that the technology may not work as anticipated. Technological issues can be frustrating, and they are sometimes unavoidable. However, plans should be put in place to manage issues in a timely manner as they arise.

One non-technology based issue that can arise with online learning is a lack of continuity within the curriculum and lack of support by organizational structures. This issue is being combated in the development of the current course by continually comparing the course content and objectives to the program mission and philosophy (while also adhering to ACOTE standards).

The author suggests the following subject areas as potential areas of concern: admission to the course, marketing the course, program development, learner/facilitator interaction, and program, course, and learner evaluation. These are all valid areas of concern, some of which have been addressed through other readings.


**Abstract**

This article does not have an abstract.

**Summary and Significance**

The article describes the factors that impact learning experiences of adult learners. This meta-analytical review discusses factors including: environmental factors, emotional readiness to learn, socialization aspects of the learning experience, physiological traits, and processing style. The findings generally suggest differences in learning styles based on gender. Findings suggest
that females learn more from auditory teaching and they are more motivated, persistent, and motivated than their male counterpart. Women require more diverse approaches to learning than men. Findings also suggest different preferences in learning environments between high and low achieving college students.

The findings suggest that each individual adult learner has a different style preference. The significance of findings presented in this study is that each learner has a diverse learning style preference. This finding suggests that college courses should utilize different learning styles to effectively teach diverse student populations.


Abstract

This article does not have an abstract.

Summary and Significance

The article begins providing justification for the use of distance learning based on the increasing number of Millennials (Gen Yers) seeking degrees and continuing education. This generation’s comfort with technology makes this generation prefer the use of technology in education. The article introduces the quality needed to be an effective e-teacher. First the teacher must enjoy working with the students. Second, the teacher must be comfortable with technology, and third the teacher must be flexible in case the technology does not work.

The author introduces “Seven Principles of Good Practice” in this article that were proposed by a theorist. These principles are assumed to create an effective online learning environment:
1. encourages contact between student and faculty
2. develops reciprocity and cooperation among students
3. encourages active learners
4. gives prompt feedback
5. emphasizes time on task
6. communicates high expectations
7. respects diverse talents and ways of learning (Chickering, & Gamson, 1987)

This article highlights the similarities and challenges of teaching between e-teaching and traditional classroom teaching. The key components are: socialization, information exchange, knowledge construction, and development. These are important concepts to grasp in order to develop a well-rounded online course.

The author highlights the need to encourage participation through socialization or tying concepts into personal experiences. The author also stresses that activities need to be directly related to the learning objectives as to not lose the focus of the course. Great importance should be placed on interaction and expectations for participations should be clearly defined in the syllabus.

A guideline for prompt feedback should be introduced in the syllabus as well. Feedback can be presented in the form of an e-mail receipt or acknowledging that an assignment was received by posting it in the grade book as such.

These suggestions are important and shall be considered when developing the course content and the syllabus. I plan to address expectations and grading in the syllabus in order to have these expectations explicitly stated early on.


Abstract
OBJECTIVE. This study aimed to examine how engagement in creative occupations informed six older retired people’s occupational identities.

METHOD. Occupational narratives were gathered from in-depth interviews with 6 participants (75 years of age or older) who had extended experience of participation in creative occupations. A process of narrative-type inquiry produced summarized, chronological stories for each participant. Subsequently, a process of paradigmatic-type narrative analysis produced thematic categories related to how a sense of self is associated with creative occupational engagement in later life.

RESULTS. Four themes derived from data analysis included the relevance of relational practices, changing self-awareness, enduring qualities, and reflective processes to the formation of a sense of self.

CONCLUSION. This study adds to an understanding of how leisure occupations maintained across the life cycle contribute to building an occupational identity.

Summary and Significance

This and other articles prove the usefulness and the power of a narrative or life story. A narrative can help the therapist and the person to determine past areas of interest and examine how those apply to the person’s occupational interactions in later life. It also helps to pinpoint sources of meaning and purpose in the individual’s life. One downfall of developing a life story is that the entire story is traditionally recorded from a one-on-one interview. This process can be very time consuming. From a therapeutic perspective it would not be reasonable for a therapist to sit with a resident discussing his past for an hour. The information is very valuable and lends itself to person-centered care, but we need to find better ways to attain this information. Then once we have the information we need to make sure that we are making good use of it in therapy.

Kim Saylor and I have discussed some options for making the narrative more accessible to therapists. Our ideas have included: introduction of info in group treatments, developing scrapbook pages, and having the therapist share information with the resident.


Abstract
Summary and Significance

The article emphasizes the impacts of presenting residents with the opportunity to make choices and to function in a more natural homelike environment. Residents in the Rolling Fields in Conneautville, Pennsylvania often complained, like residents around the country, that they did not like their lives revolving around their meals. This facility staff had an epiphany when going to drop off a tray to a sleeping resident. The staff member realized that it would not be right to wake someone up to eat. The respect for the individual and his/her schedule spurred this person-centered movement.

Residents at this facility can now dine whenever they feel the desire. This encourages residents to maintain their sleeping and eating routines from home. The facility got rid of automatically delivered trays and encouraged residents to come to the newly remodeled dining room. The dining room now resembles an upscale dining experience with a menu to select from. The facility saw the benefits of changing the environment and the menu in: weight gains by residents, decreases in reported pain, decreases in resident behaviors, and decreases in decubitis ulcers (due to weight gain). The number of residents on a puree diet decreased from 30 to 7 residents due to flexibility in the menu and the staff having more time for one-on-one feeding assistance. The overall living experience feedback has greatly improved.

Other changes made in the facility include changes in how and when meds are distributed, how linens are disbursed, how rooms are cleaned, etc. This has taken a lot of flexibility in the staff and their roles. Many workers are now doing tasks that are outside of their previous scope. This is one of the challenges of culture change. Some of the staff quit because
they could not adjust to the philosophy changes. The change takes extra effort, but it is what is right for the residents.

It’s Never 2 Late. (2009). It’s Never 2 Late Website. Available at

http://www.in2l.com/index.cfm

Abstract

Empowering Lives Through Technology

Since 1999, It's Never 2 Late has been built around a simple vision: every older individual - regardless of physical or cognitive disability - should be allowed to experience the world utilizing today's technology.

That's why It's Never 2 Late has created customized, state-of-the-art computer systems for nursing homes, assisted and independent living communities, memory care settings and adult day programs in 400 communities, in 45 states throughout the country, Canada, Northern Ireland and Australia.

We continually research the latest adaptive technologies and software, partnering with cutting-edge technology leaders to develop creative applications that enable older adults to stay active-and stay accessible.

Summary and Significance

It’s Never 2 Late is a company that develops products for therapy that embrace person-centered care in interventions. This company has developed some high tech, expensive tools that allow the resident choices. Many of the tools embrace occupations, games, etc. to involve people in their therapy session. While this technology may be very interesting, it may not be the answer to person-centered care for most facilities.

This website is being introduced to this course to get the learners thinking about what makes these interventions person-centered. Then I want to challenge the learners to do similar creative interventions with materials that are available in the facility. I do not think that fancy equipment is necessary for high quality of care.

**Abstract**

This chapter does not have an abstract.

**Summary and Significance**

The chapter emphasizes the differences in learners and how to accommodate and celebrate these differences. Literacy is a topic area of concern. Parent’s level of education, socio-economic status, and gender can all be variables contributing to literacy levels of learners. This course will be taught to graduate level students and health professionals. The diversity within the educational experiences of the health professionals may be an area of concern. The therapist’s degrees range between associates degrees and doctorates. Materials should be geared toward all levels of education while still meeting ACOTE standards. Additional assignments and readings may be necessary to be given to Concept Rehab Inc. to meet the diverse educational levels of the company’s therapists.

Individuals of different ethnic, SES, and gender will provide potential benefits to this course through diverse experiences and perceptions. Person-centered care is about getting to know *the person*, not making generalizations about the person based on the above mentioned factors.


**Abstract**

This book does not have an abstract.
Summary and Significance

It is one of my core texts. *Models of Teaching and Learning* is a useful resource for Teaching and Learning principles. The book is helpful to establish a well-rounded course that utilizes theory-based principles for teaching. The book highlights different styles of teaching for different situations and different groups of people. It also highlights different learning styles that need to be considered. The book has lots of examples and scenarios that demonstrate proper use of teaching theory.

One of the most useful chapters was on information processing (chapter 5). This model will be highlighted in the course. The material will be provided in multiple formats to meet the needs of the learners. Then the learners will be challenged to reflect on their skills and traits as well as apply concepts to a greater scope of practice.

The course will also build on the principles of concept attainment mentioned in chapter six. One of the purposes of this course is to provide learners with opportunities to distinguish exemplars of person-centered care and non-exemplars of person-centered care in hopes that areas for personal improvement in care will be identified and addressed. A social model of teaching will also be utilized in this course through use of the discussion board. This model respects diversity within the learners and uses this diversity to spark engaging learning experiences.

The author explains the importance of challenging learners through making them step out of their comfort zone. I have a few scenarios/examples and videos that will challenge the learner’s beliefs and may make them feel uneasy. The purpose of this material is to provoke thought and get the learners to reflect on their skills and areas for improvement.

Abstract

This article examines a review of literature related to online learning and teaching. The authors provide a brief historical perspective of online education as well as describe the unique aspects of online teaching and learning. The barriers to online teaching, the new faculty roles in online learning environments, and some implications for online learning and teaching are also provided. This article is intended to stimulate reflections on effective strategies to enhance faculty success in their transition from traditional pedagogical platforms to online learning and teaching.

Significance

This article provides a comprehensive history of online teaching-learning. The article also discusses blended learning experiences. This information may be beneficial in designing material for Concept Rehab Inc. The article presents the barriers to online teaching-learning. The author acknowledges the challenge of developing and implementing an online course due to institutional barriers, lack of support, difficulty with technology/hardware, and insufficient skills in online teaching.

This article, like others discusses the difficulties of online teaching versus teaching in a traditional classroom. Online instructors report increased time spent grading assignments and dealing with technological difficulties. These issues can be avoided by having quality training and support programs.


This book does not have an abstract. The book describes the fundamental aspects of the Model of Human Occupation (MOHO) as well as the terminology of the model as it applies to occupational therapy. The book also provides ways to apply MOHO to therapy and the research that supports the model.

MOHO provides a variety of occupation-based and person-centered assessments. MOHO is focused on the individual and his or her volition. Some aspects of MOHO will be considered when
developing this course while the content of this text is far to encompassing for this course. MOHO may be introduced into this course where appropriate.


**Abstract**

Traditional theories of learning and the teaching practices resulting from them are reviewed. Most theories of adult learning are based on research into the learning of children, which in turn is founded upon theories of animal learning. These theories, formulated under laboratory conditions, are artificial at best—and not complex enough to apply to adult human beings. Emerging theories of adult learning, however, are based on the unique characteristics of adults as learners and result in differentiated educational practices. Human resource development (HRD) is based on many of these newer theories and serves as a guideline for action. Knowles' andragogical theory is based on four assumptions which differ from those of pedagogy: (1) changes in self-concept, (2) the role of experience, (3) readiness to learn, and (4) orientation to learning. As a guideline for developing programs and for selecting and training teachers, the andragogical model of HRD is very applicable.

**Summary and Significance**

Knowles is referenced in many of the articles related to online and adult learning. He was an adult learning theorist who led the way to understanding how adults learn. He notes that pedagogy for children is not sufficient for adults. Adults have an interest in figuring out why something is important and worth learning before actually investing in the process of learning. Importance will need to be placed on developing straightforward purposeful assignments and learning tasks. Knowles also describes the importance of acknowledging an individual’s experiences. This concept applies to the learners in the course as well as their interactions within their clinics.

Knowles research suggests that adults are more apt than children to prepare for a learning situation. Adults are more intrinsically motivated to learn than children. Intrinsic motivation as well as extrinsic motivation will be forces upon the prospective class for this course. This course
will likely be offered as a part of the OTD curriculum and it will be offered to Concept Rehab Inc. employees in the form of an in-service or CEU.


**Abstract**

Participation or involvement in everyday occupations is vital for all humans. As described by the World Health Organization, participation has a positive influence on health and well-being. The presence of disability has been found to lead to participation that is less diverse, is located more in the home, involves fewer social relationships, and includes less active recreation. Occupational therapy is in a unique position to contribute to the development and fulfillment of participation for persons with and without disabilities. This article describes the nature and outcomes of participation. Characteristics to define and measure meaningful participation are outlined. Information about time use will help to develop an understanding of patterns of participation across locations, gender, culture, and the life span. Factors that affect participation within the environment, family, and persons are summarized. Occupational therapy research is needed to examine the complex relationship among person, environment, and participation in occupations. In practice and education, knowledge about participation can enhance the client-centered and evidence-based nature of occupational therapy services.

**Summary and Significance**

This article emphasizes the participation in the occupations of life. The lecture highlights the strengths of occupational therapy and the importance of occupation. This article will be beneficial in stressing the power of occupation and the importance of occupational therapists owning occupation as an intervention.


**Abstract**

This article has no abstract.

**Summary and Significance**
The article briefly outlines how the Behavior Management Team (BMT) serves the residents at the Veterans’ Nursing Home in Hollidaysburg, PA in decreasing the amount of sedatives and psychoactive drugs given to residents to manage behaviors. The following team members participated in this culture change: Nursing staff/RNAC, Social workers, Activities staff, Occupational therapists, Pharmacist, Quality assurance manager, Primary physicians, Certified nursing assistants (CNAs). Each member served a different role in monitoring drug administration and controlling behavior changes without increasing drugs. The goals were:

1. To monitor and direct the multidisciplinary interventions necessary when an elderly resident may exhibit behavioral symptoms secondary to dementia.

2. To identify and ensure accurate documentation of the residents' behaviors, especially those that pose a danger to themselves or others and/or interfere with care (i.e., target behaviors).

3. To collaborate as an interdisciplinary team and emphasize nondrug approaches to addressing target behaviors.

The team was successful in addressing these goals through effective interdisciplinary communication and sharing of complementary skills. CNAs were the “eyes and ears” of the residents. The Monthly Behavioral Intervention Flow sheets were reviewed by the interdisciplinary team every three months. They reported changes in behaviors and trends that the noticed in behaviors. The pharmacists reviewed drugs and found that through managing behaviors through nondrug-based interventions need for PRN drugs had decreased. This is important because this approach empowers the residents and can help to avoid some of the negative side effects associated with psychoactive drugs.

**Abstract**

Revised in 2006 for its twenty-fifth anniversary, this best-selling book is the "bible" for families caring for people with Alzheimer disease, offering comfort and support to millions worldwide. In addition to the practical and compassionate guidance that have made The 36-Hour Day invaluable to caregivers, the fourth edition is the only edition currently available that includes new information on medical research and the delivery of care. The new edition includes:-new information on diagnostic evaluation-resources for families and adult children who care for people with dementia-updated legal and financial information-the latest information on nursing homes and other communal living arrangements-new information on research, medications, and the biological causes and effects of dementia.

**Summary and Significance**

This is one of my new favorite resources for dementia. This book addresses just about every aspect of care giving for someone with dementia. The book breaks topics down into manageable sections that can be accessed as needed. This resource is appropriate for caregivers and healthcare professionals alike.

The book suggests ways to manage changes in the demands of care that emphasize person-centered approaches. This book would be a good resource for therapists to have in their tool bag.

Maralynne Mitcham PhD, OTR/L, FAOTA, “*The Craft of Compassion*” March 28, 2010 at The University of Findlay.

**Abstract**

This resource does not have an abstract.

**Summary and Significance**
This was a Continuing Education presentation at The University of Toledo on March 25, 2010. Dr. Mitcham spoke about the outcomes of her studies. She has been studying compassion and altruism. Her study examined the levels of empathy, altruism, and meaning in the lives of students training to be healthcare professionals. Dr. Mitcham discussed her passion for treating patients with compassion. She introduced other potential literature and references that I am going to read. These include *Radical Loving Care* and *Sacred Work*. Dr. Mitcham would be a good contact in the future as an expert in Person-Centered Care. The presentation and the readings will contribute to my knowledge base in the topic of Person-Centered Care.


**Abstract**

OBJECTIVE. The purpose of this study was to comparatively analyze the perceptions of clients and occupational therapists regarding their involvement in the process of client-centered practice.

METHOD. Participants (11 occupational therapists, 30 clients) in adult/geriatric health care facilities were each engaged in a semistructured interview to determine their perceptions of client-centered practice, specifically in the goal-setting process. Descriptive statistics were used to analyze the item data. In addition, one-way analysis of variance was computed to identify the differences of opinions in clients and occupational therapists on the process of client-centered practice in four facilities: long-term-care or rehabilitation, hospital outpatient, hospital inpatient, and nursing homes.

RESULTS. The occupational therapists in this study indicated use of the principles of client-centered practice in their delivery of occupational therapy services. Their clients, however, displayed mixed perceptions about their role as active participants in client-centered practice and all responded in the negative when asked if they were aware of the approach. Perceptual differences existed between the occupational therapists and their clients in relation to the use of client-centered practice, because their responses to similar questions varied. Last, type of facility significantly influenced clients’ knowledge of certain aspects of their treatment processes in the following four areas: (a) treatment goal selection, (b) encouragement provided in setting clients’ goals, (c) clients’ perception of the importance in the goal-setting process, and (d) education of clients about their participatory role in the goal-setting process.

CONCLUSION. Results suggest that a perceptual gap exists between occupational therapists and their clients in relation to their stated use of and participation in client-centered practice. In light of the results, development of a systematic strategy by occupational therapists to elicit the roles
that their clients desire to play in the therapeutic process may be an effective intervention to ensure that occupational therapists and their clients are able to fulfill their roles in client-centered practice.

**Summary and Significance**

This article describes a commonly observed gap between theory and practice. This research article highlights some key areas of practice that are often overlooked for a variety of reasons. Good communication between the therapist and the resident is essential to make sure that the resident understands his/her active role in therapy. The therapist has the responsibility to inform the resident about options prior to making decisions. The therapist should also assume the responsibility of providing the resident with opportunities to be an active participant in the therapy process.


**Summary**

"If we wish to help humans to become more fully human, we must realize not only that they try to realize themselves, but that they are also reluctant or afraid or unable to do so. Only by fully appreciating this dialectic between sickness and health can we help to tip the balance in favor of health." -Abraham Maslow

Abraham Maslow's theories of self-actualization and the hierarchy of human needs are the cornerstone of modern humanistic psychology, and no book so well epitomizes those ideas as his classic Toward a Psychology of Being. A profound book, an exciting book, its influence continues to spread, more than a quarter century after its author's death, beyond psychology and throughout the humanities, social theory, and business management theory. Of course, the book's enduring popularity stems from the important questions it raises and the answers it provides concerning what is fundamental to human nature and psychological well-being, and what is needed to promote, maintain, and restore mental and emotional well-being. But its success also has to do with Maslow's unique ability to convey difficult philosophical concepts with passion, precision, and astonishing clarity, and, through the power of his words, to ignite in readers a sense of creative joy and wholeness toward which we, as beings capable of self-actualization, strive.

**Significance**

This text provides an in depth explanation of Maslow’s Hierarchy of Needs. The Hierarchy has been accepted as a part of human psychology for many years. It provides a
foundation for understanding how people interact and rely on certain things for stability. I have experienced situations in both the clinic and in tutoring where unmet needs hinder the client or learner’s ability and motivation to participate.

One of the most profound clinical experiences that I experienced was with a resident who had been injured by the man she loved. This woman was much older than the man and the relationship was controversial within her family. The woman had come from a home situation where she was not eating on a regular basis because the man she was in a relationship was taking money from her. It was apparent that this woman’s basic needs were not being met. She was fearful in her own home. This woman’s bottom two foundational needs were not being met. After residing in a safer environment at the facility the woman began to share some of her fears and become more comfortable. As more of her home story came out and contact from her male friend was limited (per her request) the woman began to progress in therapy.

I also experienced examples of how missing needs can impact learning. This was very apparent while tutoring at the Healing Center. Many of the people who I tutored or was supposed to tutor did not show up for sessions because of difficulties with transportation or schedules. Two of the learners worked third shift. This caused difficulty with scheduling because the learners got home from work at 7:30 a.m. then they were planning to ride the bus to The Center to arrive at 10:30 am. One of the learners did not have a car and had to take three buses to get to The Healing Center. These students’ lifestyles were severely limited by the fact that they had not completed high school.

Maslow’s Hierarchy is important to consider when developing a learning environment. Researchers and theorists have found that students learn best when they are in a safe environment that suites their needs. Once learners feel safe to express themselves and explore
their thoughts learning will occur. It is of the utmost importance to develop a safe encouraging environment for learners.


Abstract

This article does not have an abstract.

Summary and Significance

The article describes the changes of roles and responsibilities in today’s generations. The article outlines the characteristics of each generation since the Baby Boomers. The author insists that generational characteristics are embedded in that cohort’s culture and these characteristics are not likely to be a passing fad. However, the author does not discuss these fads. The author merely explains common experiences. This article is based on Australian statistics.

The Baby Boomer population was shaped by the post war depression experiences. This was a large increase in the population. Generation X was a filler generation much smaller in magnitude than the prior generation. Generation Y is considered “demographically reliable” according to the author. This generation is also known as “Millenials, the Dot Com Generation, and KIPPERS (Kids in Parent’s Pockets Encoding Retirement Savings).” Generation Z is a low birth rate population that ends in 2010.

This article was lacking in all that it promised. The article describes population trends and gives a few social and political examples of commonalities between generations. The article also gives a nice global overview of generations, but I do not think that this article is very beneficial to include in my paper.

Abstract

This article does not have an abstract.

Summary and Significance

The article begins by explaining transactionalism. The purpose of this article was to demonstrate the interconnectedness of the environment, the person, and the therapist. By looking at the big picture and all the influential factors the therapist will have a more informed and potentially beneficial interaction with the client.

The article highlights the need to understand the healthcare environment and how it impacts the staff as well as the care recipients. This is the basic idea discussed in Module 2 of this course. By understanding all the factors involved the therapist can have a greater impact on those forces thus providing higher quality of care.


Abstract

This study compared two instruments while evaluating the effects of learning style on performance when using a computer-based instruction (CBI) system to teach introductory probability and statistics. The Gregorc Style Delineator (GSD) and the Kolb Learning Style Inventory (LSI) were used to measure learning style. Results indicated that there was an effect of learning style when using the GSD: students identified as Concrete Sequential learned significantly less than students identified as Concrete Random. There was no effect according to LSI styles. Lack of an ordering preference dimension in the LSI is discussed as a possible explanation. Findings from other studies evaluating CBI and recommendations are also discussed.

Summary and Significance

This article provided a quality review of teaching-learning literature. The two measures used in this were being tested to measure learning style and interactions of students.
learners in this study who identified as Concrete Sequential learned more than those who identified as Concrete Random.

The findings of this study are not generalizable due to the sample size and the population. The topic of statistics is very different from learning a less sequential topic such as Person-Centered Care (PCC). Unlike the topic of statistics PCC is not a topic that requires scaffolding.


**Abstract**

A decade-long grassroots movement aims to deinstitutionalize nursing home (NH) environments and individualize care. Coined “NH Culture Change” the movement is often described by its resident-centered/directed care focus. While empirical data of “culture change’s” costs and benefits are limited, it is broadly viewed as beneficial and widely promoted. Still, debate abounds regarding barriers to its adoption. We used data from a Web-based survey of 1,147 long-term care specialists (including NH and other providers, consumers/advocates, state and federal government officials, university/academic, researchers/consultants, and others) to better understand factors associated with perceived barriers. Long-term care specialists view the number one barrier to adoption differently depending on their employment, familiarity with culture change, and their underlying policy views. To promote adoption, research and broad-based educational efforts are needed to influence views and perceptions. Fundamental changes in the regulatory process together with targeted regulatory changes and payment incentives may also be needed.

**Summary and Significance**

This article demonstrates healthcare professionals’ perceived barriers to providing quality person-centered care. This is important to know since this is the population I am developing this course for. This article in conjunction helped to target topics that address deficits in practice. Clinical observations correlate with the findings of this article. It appears as though therapists understand the basic concepts of person-centered care, but the problem lies in putting theory to practice. This course will attempt to make therapists aware of a state of disconnect between
perceived therapist use of person-centered care and the client’s perception of person-centeredness through reflective exercises and the introduction of relevant readings/materials.

MoMike47. (2009). *Fading*. Available at

http://www.youtube.com/watch?v=y8aEAEJDpa0&feature=related

This brief video shows an older man who is suffering from dementia. His family is trying to relate to him with no response except confusion on the part of the man. This video is extremely moving, and it will provide an introduction into the topic of emphasizing with the client and his or her family. This video will be added to the course.


Abstract

This resource does not have an abstract.

Summary and Significance

The resource is a CEU approved for medical professionals. The resource acknowledges the role of these medical professionals as teachers in the clinical setting and amongst peers. The resource outlines pedagogy and andragogy. The resource then discusses different styles of teaching. The facilitative style seems to be the most applicable style for this course given the adult learning population and the necessity to apply content to practice. An instructor using the facilitative style encourage learners and “elicits/accepts the learner’s feelings.”

This resource offers a teaching/learning style assessment. I answered the questions, but there was not a key to determine the preferred style. This was not very helpful!

Abstract

This resource does not have an abstract.

Summary and Significance

This site provides a plethora of information about Alzheimer’s disease and the areas of life that it impacts. The site is written in consumer friendly language that educates, encourages, and supports the caregivers who are likely to access this site. The site provides an in depth look at tips and strategies to enhance communication with an individual with dementia. Many of these tips are known to health care providers, but others are good to provide to enhance care and decrease unnecessary communication-induced confusion and frustration.

Some of the places where I observed seemed to have difficulty understanding the needs of clients with dementia. In most cases the therapists were unknowingly overlooking non-verbal gestures and hints from the client’s body language. A review of these tips will be beneficial for therapists and students across all experience and educational levels.


Abstract

This resource does not have an abstract.

Summary and Significance

This brief video highlights the roles of OT and interactions with clients. The video was meant to advocate for OT. This fun, light-hearted video created by OT students will be beneficial
in this course as demonstrating a way to advocate for the profession. It will also provide a platform for discussion on the discussion board about the roles of OT, how our profession perceives OT, and how our clients may perceive OT.


**Abstract**

Reflection plays an important role in improving learning performance. This study, therefore, attempted to explore whether learners’ reflection levels can be improved if teaching strategies are adapted to fit with learners’ thinking styles in an online learning environment.

Three teaching strategies, namely constructive, guiding, and inductive, were designed to match with three thinking styles, namely legislative, executive, and judicial respectively. An online reflection learning system was subsequently developed to reflect this scenario. An experiment was then conducted where the learners were classified into fit or non-fit group in order to analyze whether there was a good fit between the teaching strategies designed by the teacher and the thinking styles of learners. A total of 223 graduate and undergraduate students participated in the experiment. The results revealed that the reflection levels of the fit group had outperformed the non-fit group.

**Summary and Significance**

The literature review in this article provided me with some different learning styles to investigate. Much of the research on the topic of online learning explains strategies for developing quality courses and learning experiences, but it does not discuss the application of specifically named teaching-learning styles.

It would be nice if learning materials could be specifically catered to the learner, but unlike the topic of this (PCC) the material must be accessible to a group. I will attempt to provide assignments, discussions, and activities that provide an optimal learning opportunity for all students. It may be beneficial to incorporate assignments that allow the learner to choose the style of assignment that they prefer.

Abstract

This chapter does not have an abstract.

Summary and Significance

The chapter discusses the evolution of the use of technology in the classroom. This chapter is a bit outdated, but it provides useful information that has been reflected in later published articles.

The author introduces the use of computers for drill-and-practice, tutorial introduction, and simulation. The use of the computer in this course most closely fits into simulation. The Internet and multimedia will be used in this course to provide the learners with an insightful understanding of materials that they may not otherwise achieve with a course in a traditional classroom.


Abstract

Background: Limited budgets and increasing training demands on staff development educators require creativity and innovation in providing cost-effective training alternatives. Self-paced learning modules meet these criteria and minimize use of staff time.

Method: This article presents a step-by-step guide for the design and implementation of self-paced learning modules.

Results/Conclusion: By following the suggested guidelines, even novice staff development educators can assess, design, and implement cost-effective training alternatives for their organizations.

Summary and Significance
This article outlines the need for self-paced learning (SPL) for continuing education due to time demands and budget constraints of companies. The author highlights the benefits of self-paced learning that include: the material is in a brief compartmentalized format, the material is portable, the material allows the learner to proceed at his/her own pace, and SPL incorporates autonomy and self-direction which enhance adult learning. This article explains the development process of a nurse training course. The author breaks the course development into five steps. First the course developer should assess the learner’s readiness to learn. Second, the developer should design the goals and objectives for the learning experience. Third, the developer should design the content. The content should consist of an introduction to the course and material, a pre-test, the bulk of content or body, a post-test, and an evaluation. The author reports that each module or learning component should be limited to a single topic. The author cites (Kelly, 1992) stating that each hour of course work for the learner can be equated to 10-15 hours of course development. This may give me a better guideline for how long this course will take. The fourth step of development is implementation. In this phase the developer pilots the course, revamps the course, markets the course, and develops a way to manage how learners will be awarded completion. For my course a certificate of completion would be consistent with how Concept Rehab Inc. currently awards credit for completion of courses and seminars. Finally, the developer evaluates and revises the course to meet the needs of the learners and other influential entities. The course should be modified due to feedback, as well as changes in the content over time.

Available from http://www.pbs.org/newshour/video/module_bvid.html?s=news01n3c0q51
Synopsis
Susan Dentzer reports on the "green houses" project, which seeks to reinvent traditional nursing home care and create close-knit communities.

Summary and Significance

This 11 minute and 34 second video is available on the above stated website. The video explains the evolution of the Green Houses and why the houses became a need. The video includes interviews with elders and universal workers referred to as Shahbazim. The video demonstrates the benefits for the elders and their families as well as the benefits for the workers at these facilities. This video also addresses the cost of running this sort of facility. Through discussions with staff in traditional settings it has been found that these are all key concerns with a person-centered model like The Green House Project.

This video will serve as an educational tool for teaching as well as a tool to get learners to think critically about their biases. The main goal of this course is going to be to facilitate change within therapists in a way that will benefit the people the therapists serve.

Pilavios, C. (n.d.) A touching story of a father, a son, and a sparrow. Available at
http://www.youtube.com/watch?v=2kpLDkWg5DA&feature=related

Abstract

This resource does not have an abstract.

Summary and Significance

This four minute long video tells a brief story of a man and his father and their relationship. The men are sitting on a bench and the older man is watching a sparrow. The man repeatedly asks his son what the bird is. The son becomes angry and frustrated easily. The father tells the son of a time when that same son asked 21 times what the bird was called. This story
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demonstrates the need for understanding of the person and the need for patience. This video may be used in the course relating to person-centered care.


**Abstract**

This paper explores the design of a Web-based tutorial for Activity Analysis offered within an undergraduate course of occupational therapy and how its design features influenced meaningful learning from the students’ perspective. This tutorial, using a case-based format, offers a learner-directed approach to students and the application of Activity Analysis, a clinical practice tool. The design is based on principles of meaningful learning for on-line instruction (Jonassen, Educational Technology, 35, 60–63, 1995) and instructional theories. Analysis of feedback from learners identifies the salient attributes of the tutorial on meaningful learning.

**Summary and Significance**

This study provides a thorough review of teaching-learning literature. The findings of this study suggest that this web-based tutorial was beneficial in: providing immediate feedback, receiving expert answers, self-pacing, interacting with peers, and opportunity for repeated practice. These areas of the course were valued. Areas for improvement within this tutorial included: time required to complete tasks, difficulties with technology, and unclear instructions. This feedback is helpful to guide learning tasks that enhance these qualities and mitigate the discussed problem areas.

The most effective learning strategies discussed in this article are strategies that promote active learning and intentional learning. Other important aspects of learning include collaboration, reflection, and constructive thinking. These findings are beneficial in developing a course for occupational therapy students and healthcare professionals despite the fact that these
findings are generalizable only to this population. The article provides effective learning strategies and key insight into expectations of OT students for their on-line learning experience.


**Abstract**

This chapter does not have an abstract.

**Summary and Significance**

This chapter summarizes a variety of approaches to planning curriculum. The author provides three guiding questions throughout the chapter including: 1) “What steps should one follow in planning curriculum?,” 2) “How do people actually plan curriculum; i.e., what do they do?,” and 3) “What are the elements of curriculum planning and how do they relate to one another conceptually?”

The chapter answers the first question by presenting the curriculum development philosophy of Ralph Tyler and highlighting his four planning questions. These questions pertain to establishing educational philosophies, defining educational experiences, creating a logical sequence within a content area, and evaluating the educational purpose of the course material.

Tyler is emulated by a number of theorists (Posner & Rudnitsky, & Barnes). Tyler’s followers define curriculum with a means-end rationale. The assumption is that planners must understand the desired educational outcomes as well as the route to get there.

Taba clearly outlines seven steps for curriculum development as follows: 1) Diagnose needs, 2) Develop objectives, 3) Select content, 4) Organize content, 5) Select learning experiences, 6) Organize learning experiences, and 7) Determine an appropriate evaluation. This
is important to the development of this course in that this is the method predominantly being utilized. This format is linear and best used within individual topics. The flaws associated with this single approach are: failure of scope beyond the topic, the abstraction of the topic, and the need for another complementary view. This will be addressed in the development of this course by using supplemental approaches that fill these voids in theory. Schwab and Walker emphasize deliberation. Walker believes that “motivation to learn is based on the individual’s history of successes and failures” and “we should teach children how to learn.” This chapter outlines descriptive, procedural, and conceptual models. This chapter will be beneficial in justifying the approach to curriculum development and the models of teaching.


Abstract

Internet-based, distance learning solutions are finding increased use and may prove effective in facilitating advanced study coursework for remotely located, place-bound students. Despite the current emphasis on distance learning, the conditions for promoting online learning success have not been entirely defined. This paper presents a case study that profiles the teaching challenges and benefits of an online graduate-level Instructional Design course for in-service teachers taught through Western Governors University and Washington State University. The paper addresses some of the teaching challenges for this online instructional experience, focusing specifically on how teaching styles were used to build online learning community, effectively promote productive and satisfying learning interactions, and develop student problem-solving
and critical thinking abilities. Also discussed are those instructional design strategies that were repeatedly employed in multiple course sections to increase online student engagement, encourage critical thinking, and enhance student learning. The findings of this study should prove of interest to anyone currently developing or delivering online instruction.

**Summary and Significance**

This article provided a case study of a course with properties similar to this course. The researchers found that instructors commonly used Facilitator and Delegator styles in this online class to continue discussions and encourage interaction between the learners. The instructors also used an Expert and Formal Authority style to maintain order in the class and create a confident persona. The students responded well to the instructor. Based on the research questions the researchers found that the personalities of both the instructor and the learner impacted learning outcomes and effectiveness of the educational experience. Creating an open environment and demonstrating emotion is important in building trust with students. I plan to write this course in a less formal manner than found in a traditional classroom based on the findings of this study and others like it.


[http://www.utoledo.edu/offices/registrar/main_campus/ferpa_confident.html](http://www.utoledo.edu/offices/registrar/main_campus/ferpa_confident.html)

**Abstract**

This resource does not have an abstract.

**Summary and Significance**

The **Family Educational Rights and Privacy Act** of 1974, otherwise known as FERPA, is a Federal Law introduced to give students certain rights regarding the confidentiality of their educational records.
FERPA establishes the rights of the parents and students of any school which receives federal educational funds. It requires that a written institutional policy complying with the act be established and that a statement of the adopted procedures be published. Our official publication is the "Confidentiality of Student Records" and is available for review in the University Policy website.

The University of Toledo will not release the following sensitive information to a third party without the written consent from the student:

- student ID or Social Security number
- grade point average
- grades
- courses taken
- student's schedule
- residency information (as reported on the admission application)

FERPA gives colleges and universities the ability to release non-academic information, or "directory information", without the written consent of the student. Directory information includes:

- student name
- local address and local phone number
- college and major field of study
- full-time or part-time enrollment status
- class rank (freshman, sophomore, etc.)
- e-mail address
- dates of attendance
- degrees and awards received
- Student photograph (College of Medicine only)

Students may restrict the release of their Directory Information by selecting the Update Directory Information/Release Status option in the Student tab on the myUT portal or by visiting the Office of the Registrar.

If you have questions regarding FERPA, please contact the Registrar's Office at 419.530.4836.

FERPA Prior Consent Forms for meetings
If you would like someone present (such as a parent, guardian, spouse, etc.) when discussing your educational records with a University official, please complete a FERPA Prior Consent form for meetings. This form states that you consent to the disclosure of your educational records, including personally identifiable information for the purpose of a specific discussion or review on a specific date.

FERPA is for the protection of students. The FERPA laws will directly apply to the structure of this course. Grades and student ID information must be protected within the course.
Students must identify themselves to receive this information. For structuring this class I should also try to maintain anonymity when having students complete course and instructor evaluations to avoid ethical concerns with grading practices. One technique for expanding the material in a course addressed in *Finding Your Online Voice: Stories Told by Experienced Educators* (Spector, 2007) suggested adding material presented or brought up by the students within the discussion board. It would be best practice to ask of the student to use resources and to announce who alluded to the material prior to posting it within the course.


**Abstract**

Two perspectives are used to reflect on the learning design of a postgraduate online course – that of the designer/facilitator and that of the learner. While the course focus is on online pedagogical approaches, the main aim is to connect learners with each other and with the facilitator so that together they may investigate, trial, challenge and formulate ideas about online pedagogy. The design is influenced by the principles of transformative learning where the concept of a “dilemma” leads to disorientation and then to learning. Learners are presented with a number of educational dilemmas, given a process for addressing those dilemmas and are required to authentically demonstrate how principles and practices can be applied to enhance online learning and teaching. The design addresses the theory/practice nexus and illustrates that research is best situated in real world contexts, and effective practice should be framed and informed by research.

**Summary and Significance**

This article provides an in depth overview of the learning theory and theoretical guiding framework of online learning. This course emphasized a transformative teaching-learning approach. The author cites Mezirow’s (1991) transformative learning style. Mezirow’s style facilitates the assignment of meaning to topics based on values, beliefs, and prior knowledge. This approach will be utilized in the prospective course to facilitate personal change within the learners through presentation of information and enabling discussion with peers.
The author of this article also highlights Dewey’s assumption that the learner must recognize a problem or dilemma in order to participate in reflective learning. The prospective course is developed upon this principle. The learners will not benefit from the course if they do not recognize the necessity to further address changes in person-centered care.

This article suggests key components to online learning reflected in prior readings. These components include having a presence (as an instructor), creating and sustaining learning environments, promoting and sustaining online conversations, finding tools to support the class structure, and providing opportunities for assessment and evaluation throughout the course.

The learner population discussed in this article stressed the importance of creating material that has real world relevance.


Unpublished manuscript, London South Bank University, UK Retrieved from

www.libr.org/isc/issues/ISC23/B9a%20Ruth%20Rikowski.pdf

Summary

Information technology is of course a very much a taken-for-granted part of everyday life today. There are, however, many ethical issues that need to be considered and developed in I.T. This article will firstly consider some of the philosophical issues surrounding ethics and then examine some of the various ethical issues in I.T. specifically. Some of the different methods for teaching ethical issues in I.T. will then outlined as well as a consideration about when it is appropriate to teach these different ethical I.T. issues.

This article presents a background of ethical and moral concerns related to the production of online materials.

- Net etiquette in the e-mail—“netiquette”
- Speed of conversation and need to analyze before sending
- Material is vulnerable to unauthorized access
- “Information integrity, information confidentiality and information availability/non-availability can conflict with notions of information sharing.”
- Risk of plagiarism

The article also outlines the rights of learners and educators. Learners have the right to know basic information about the teacher and about personal progress in the course. Conversely, the teacher has the right to keep private information private from the learner. The teacher has a duty to maintain confidentiality of the students and their performance. Additionally the teachers have a duty to be impartial to learners. The learner has an ethical obligation to protect his or her learning materials with a password. Storage of files can also be an area of ethical concern. Safe storage of files is of concern because unauthorized users could potentially gain access if not properly safeguarded. Importance is placed on keeping updated virus protection running to safeguard such files and the system from unwanted hacking and viruses.

**Significance**

Many of the concerns with online learning are addressed through BlackBoard. The BlackBoard platform provides learners with course access through a password protected framework. Students’ ability to communicate with the teacher and with other classmates can be controlled by the teacher. The teacher can set up discussions and materials that can only be accessed through the course with a valid password. Files can be easily and securely managed through BlackBoard as well. Learners submit their files through BlackBoard and they can be accessed through BlackBoard which is also password protected. Presentations and materials can be presented to students through this course using settings that do not allow the students to
reproduce the materials. PDF files can be formatted to “read only” to avoid plagiarism and modification of materials.


**Summary and Significance**

This article was written by medical professionals for medical professionals. However, the material is written at a level that could be understood by consumers. This article outlines communication tips for communicating effectively with clients. The article provides a supplemental note page for communicating with the client and his/her family.

This article is important to developing a module on communication and understanding communication. The article suggests tips for verbal as well as written communication. The recommendations for staff were interesting. Many times as therapists it can be easy to overlook some very simple communication acts such as properly greeting a person. The tips presented in this article are beneficial to the body of knowledge for providing Person-Centered Care. One of the most simple and beneficial tips is providing both written and verbal communication with older adults.


*In A.S. Weiner, & J.L. Ronch (Eds.), Culture change in long-term care* (pp. 35-52).


**Abstract**

Leaders of culture change in long-term care should have a plan to guide the entire process before they begin. This optimizes the human and financial resources devoted to ongoing culture change programs and prevents the serious mistakes that are usually visual with hindsight. An eight stage process for creating major change is presented as a basis of mapping culture change programs in long-term care that aspire to be humanistic in nature and involve all stakeholder groups in ongoing, empowering activity.
Summary and Significance

This article discusses one of the most pivotal topics of culture change, the plan. Without a plan for change the good intentions often fall short of the anticipated outcomes. The article outlines the common mistakes of leaders in causing change and addresses the major steps necessary for change. One of the major assignments for this course is for the learners to develop a personal plan for continued improvement in person-centered care. This article will be beneficial in completing this assignment.


Summary and Significance

This chapter discusses the overall benefits of online learning. The author describes that in learning there are typically two types of interactions, teacher-learner and learner-learner. A third type of interaction applies to online learning, learner-content. In learner-content interactions the learners learn from media within the course content. The communication aspect of online courses is important for learning. The author states, “Education is communication, and, further, that computers and computers and the Internet offer significant opportunities for learning.” One unique aspect of online learning is the benefit of lurking. This is where learners learn from reading posts in discussions even if they are not writing posts. This is significant to the design of the course, because BlackBoard shows when students have read posts. It is important to
recognize that some students will be more willing to share posts than others, and merely reading posts can be beneficial.

The author also states, “interaction is likely to be effective for improving learner achievement of goals and outcomes involving learner communication skills and collaboration.” This justifies the integration of group discussion in the course. This chapter has helped to further explain successful interactions and modes of teaching. The author also describes characteristics of successful learners including being self-regulated, disciplined, motivated, independent, and more experienced with computers than their counterpart.


Abstract

There is no abstract available for this article.

Summary and Significance

This article explores the experiences of young men in Sarasota, Florida who have been paralyzed and are forced to live in nursing facilities. The article caught my attention because I encountered a young person in a nursing facility where I worked. According to Medicare the number of people residing in nursing facilities under the age of 65 years old has risen 22% in the last eight years to 203,000. The change in demographics is important to consider when addressing person-centered care because these individuals are a different cohort than the traditional population. Younger clients are certainly going to have different goals and habits than the older population. This article highlights two twenty-something men who suffered from traumatic injuries. Martin is a 26 year old man with tetraplegia. He discusses that he does not feel like he fits in at the facility where he lives. He finds it to be depressing. Brent, 26 year old
male from Texas was injured in a car accident. He is at a nursing facility during his
rehabilitation. He has a more positive outlook, but he believes that he will be returning to home.

The end of this article discusses a place called Bayshore Health Center. This facility
caters to young adults who require rehabilitation or long term care. This facility gives the
residents options that fit their lifestyles. The facility has poker nights and nights out to the club.
The residents have meals when they want and they get to decide what they want to eat. I think
that this article is beneficial to this project in two ways. First, these individuals would be good
examples for a case study. Second, this article provides an example of how to make care person-
centered for these individuals.

(Ed.), Finding your online voice: Stories told by experienced educators. Mahwah, NJ:

Abstract

This chapter in the book does not have an abstract.

Summary and Significance

The author discusses teaching approaches and attitudes toward online teaching based on
literature. Based on the literature the author reports that the pedagogy in online learning favors
apprenticeship (doing). The author urges that in order to be effective the instructors should offer
activities and learning opportunities that are centered on the learner.

The author also introduces barriers to learning specific to online learning. These barriers
include: inadequate tech support, out-of-date infrastructure or equipment, lack of faculty
incentives, and intellectually hostile environment to teach online. A teaching barrier that the
author discusses is the extra time required of online teachers vs. face-to-face learning due to administrative online tasks, discussions, e-mail, and technology difficulties.

This information is significant in assuming barriers prior to developing the course content. These findings are consistent with the findings I have previously read in other sources. The knowledge of apprenticeship’s favorability is also consistent with prior readings. The learners must be actively engaged for effective learning to take place. This gives justification for providing assignments that foster engagement with classmates and interaction with a variety of delivery mediums.


**Abstract**

Are cognitive styles still in style? The authors assert that they are and, indeed, that they may provide as promising an inroad to predicting school and other kinds of performance as do abilities. First, the authors introduce the concept of cognitive styles and discuss why they have piqued the interest of psychologists for many years and continue to do so. Second, 3 motivations for theory and research on cognitive styles are described. Third, some of the principal literature on cognitive styles is briefly reviewed. Fourth, the authors present their own theory and research, suggesting it may present a particularly promising approach. Finally, they draw some conclusions about styles and make some suggestions regarding profitable directions for future theory and research.

**Summary and Significance**

This article is not appropriate as a scholarly source due to the editorial nature of the article. I read this article in an attempt to view other research perspectives on the topic of thinking/cognitive styles. This article was written prior to many of the other articles I reviewed on this topic. The author criticizes some of the early studies for their research approaches. Many of the newer studies replicated these studies with enhanced research models to eliminate limitations of the prior studies.

Summary

As you click on each Workshop you will see the outline that I used. This is exactly what I used from week to week. You need to use a format that you are comfortable with. From facility to facility the program changed as I experimented with different games, to fit the needs of all those who attended. I found several exercises that worked well to emphasize a certain point so I have included all of those in the outline.

The amount of time you have to teach each workshop will determine how many interactive teaching tools you use. Maybe, you only emphasize body language and facial expressions and use a few exercises in one staff meeting. Maybe you use the whole six week program. It is up to you.

Here are some of the ways I have used the program. I took portions of the communication workshop sessions to present an overview on how to communicate to a person with Alzheimer's to a group of family caregivers. I've also condensed the program into six hours for a training with artists who wish to work with persons with dementia. I've done a one hour in-service on creative problem solving and brainstorming for an Alzheimer's Special Care unit. You can do the same. Pick bits and pieces and create what you need with it. But in order to do that you will need to be at least familiar with all of it.

Significance

This program offers a variety of teachings and applications to the clinic. The program is meant to be performed in an in-service setting, however I believe that some of the materials and assignments could be used in this online course. The author offers use of this program for free, but she requests that users properly credit her as the author.

The handouts and files are easily accessible and do not require login for access. This specific workshop on the topic of managing behaviors of people with dementia gives examples of behaviors and helps the therapist to understand why these behaviors occur and how to address them through critical reasoning.

I tried the exercises that I thought would be beneficial for this course, and I found that the topics could easily be applied to an online course in two ways. First, topics could be discussed in
a Discussion Board format to utilize peer input. Second assignments could be used as reflective exercises.


Abstract

The purpose of this project was to evaluate the Wellspring model of nursing home quality improvement. The study, based on a 15-month evaluation utilizing qualitative and quantitative methods, and conducted by a team of researchers led by Dr. Robyn Stone of the Institute for the Future of Aging Services, sought to show the outcomes associated with the model’s adoption. In addition, through a process evaluation, it attempted to provide a better understanding of the model’s theoretical underpinnings and key constructs.

Wellspring Innovative Solutions, Inc. (Wellspring), is a confederation of 11 freestanding, not-for-profit nursing homes (NHs) in eastern Wisconsin called The Wellspring Alliance. It was founded in 1994 and became fully operational in 1998. Originally begun as a bootstrapping effort by otherwise unaffiliated not-for-profit nursing homes to enable them to compete successfully in a managed care environment and to decrease staff turnover, it has a twofold purpose:

- to make the nursing home a better place for people to live by improving the clinical care provided to residents, and
- to create a better working environment by giving employees the skills they need
to do their jobs, giving them a voice in how their work should be performed, and enabling them to work as a team toward common goals.

The Wellspring model includes clinical consultation and education by a geriatric nurse practitioner hired by the Alliance, a shared program of staff training using modules developed by the nurse practitioner, the sharing of comparative data on resident outcomes, and a structure of multidisciplinary care resource teams who are empowered to develop and implement interventions that they believe will improve the care of residents. The study tracked specific employee and resident outcomes, drew cost implications, and
sought to identify essential elements of the model. The purpose of this study was to examine four objectives to determine the success of the WellSpring model.

1. “Describe the various components of the Wellspring model and to identify those elements that differentiate it from the “status quo” in nursing homes.”

2. “Examine how the elements of the model are being implemented at the Alliance, facility, and unit levels, and how that implementation process differs across the 11 Wellspring facilities.”

3. “Evaluate the impact of the Wellspring model on residents, families, and staff, focusing on whether the program made a difference in nursing staff turnover and retention rates, quality of care, and the organizational culture of the member facilities.”

4. “Assess the impact of the Wellspring model on costs, including the direct costs of the program, the implementation costs, and the net costs to the Wellspring Alliance members.”

**Summary and Significance**

The WellSpring Model costs slightly more initially to implement due to increased demands on staff and training sessions. However, after implementation there was no significant difference in cost to operate vs. traditional nursing homes. Staff retention and resident satisfaction increased after implementation of the model. This information will be useful to share the importance of this model and to emphasize the benefits of such a model. These goals are overarching for good quality of care in any facility or setting.

**Szafran, S.H. (2011). Physical, mental, and spiritual approaches to managing pain in older clients. OT Practice, 16(3), CE-1-CE7.**

**Abstract**

By 2020, approximately 50 million people age 65 years and older will live in the United States. The population segment of adults over age 85 will grow by more than one third. Chronic pain affects up to 50% of community-dwelling elders and more than 80% of those living in long-term-care facilities (Weiner, 2007). To support engagement, participation, and health, as stated in AOTA’s *Occupational Therapy Practice Framework: Domain and Process, 2nd Edition (Framework-II; AOTA, 2008)*, occupational therapy practitioners need to be well versed in the unique aspects of pain in the elderly, including how to assess it, interventions that are most likely to be beneficial, and the client-focused framework that results in quality care. Pain management treatment enhances opportunities for occupational therapy practitioners to work with this population holistically, using biopsychosocial interventions that have the potential to improve quality of life.
Significance

I thought this article was appropriate for the topic of Person-Centered Care because pain is a very subjective topic. Each individual experiences and responds to pain in a different ways. This article offers traditional treatments of pain as well as interventions that are more holistic. Alternative approaches are growing in popularity. Individuals who do not care for medications and PAMs are seeking these treatments.

People who have dementia are one of the most difficult populations to address pain. It can be very difficult to identify pain with people who have difficulty communicating. These individuals are often treated with medication that can have many side effects. I think that this article is important because it identifies a much overlooked topic.


Summary

The astonishing New York Times bestseller that chronicles how a brain scientist’s own stroke led to enlightenment On December 10, 1996, Jill Bolte Taylor, a thirty-seven-year-old Harvard-trained brain scientist experienced a massive stroke in the left hemisphere of her brain. As she observed her mind deteriorate to the point that she could not walk, talk, read, write, or recall any of her life all within four hours. Taylor alternated between the euphoria of the intuitive and kinesthetic right brain, in which she felt a sense of complete well-being and peace, and the logical, sequential left brain, which recognized she was having a stroke and enabled her to seek help before she was completely lost. It would take her eight years to fully recover. For Taylor, her stroke was a blessing and a revelation. It taught her that by stepping to the right of our left brains, we can uncover feelings of well-being that are often sidelined by brain chatter. Reaching wide audiences through her talk at the Technology, Entertainment, Design (TED) conference and her appearance on Oprah’s online Soul Series, Taylor provides a valuable recovery guide for those touched by brain injury and an inspiring testimony that inner peace is accessible to anyone.

Significance

This novel was amazing! I have never read an account of a medical experience that gives a more comprehensive understanding of a person’s lived experience. This novel gives an understanding of what it feels like to have a stroke. The author is a brain scientist, so she has an
interesting insight into the feelings and emotions connected with experiencing a stroke. This novel does not directly fit into the course, but it is beneficial for helping to empathize with people who have experienced neurological trauma.

One quote that struck me was her discussion about recover. She states, “Do I have to regain the affect, emotion, or personality trait that was neurologically linked to the memory or ability that I wanted to recover? (Taylor, 2006, pp 131)” I thought that this was interesting. As therapists we often assume that individuals all want the same things pertaining to recovery. This is where the importance of person-centered care comes into play. We need to take the time to evaluate and find out the resident’s outcome expectations. We also need to determine the feasibility of the desire outcomes and set realistic person-centered goals that emphasize occupations that the resident actually participates in at home.

Taylor, R. “The Intentional Relationship: Reinvigorating the Vision for Client-Centered Care” February 17, 2011 at the University of Findlay.

About the Speaker

Dr. Renee Taylor, Ph.D., OTR/L, FAOTA Professor Taylor is a licensed clinical psychologist and professor of occupational therapy at the University of Illinois at Chicago. She is an internationally-recognized scholar who studies client-therapist relationships and the psychobiological aspects of post-infectious fatigue. In 1995 and 1997, Taylor received her M.A. and Ph.D. in clinical-community psychology from DePaul University. She completed post-doctoral training in child and adolescent psychology in 1998, with an emphasis on health and rehabilitation psychology. Since that time, she has also been practicing as a licensed clinical psychologist specializing in adjustment to chronic illness and disability. Taylor has received over $4 million in federal research grants and has served on numerous federal and international grant review panels. Currently, she is completing two large-scale NIH-funded studies of post-infectious fatigue following acute Epstein-Barr infection in adolescents and adults. Recently, she has also initiated a line of research on therapeutic use of self leading to the development of a new conceptual
practice model for occupational therapy – The Intentional Relationship Model. Taylor has published more than 70 peer-reviewed articles and five books, the most recent of which focuses on the client-therapist relationship.

This tool however does not measure staff feelings toward level of PCC or culture change. The tool also negates measurement of resident perceptions of change. The areas of suggested evaluation emphasized by the author have rose to my awareness through reading and observations at multiple facilities. These topics include staff perceptions of: the environment, relationships with supervisors, levels of residents’ dependency, levels of care, and cultural competency. Theses valid topics all deserve attention in order to address the entire organizational culture, rather than merely addressing the superficial aspects of culture that are typically addressed with culture change.

Summary and Significance

This was an excellent presentation and highly relevant to the topic of this Capstone Project. The speaker emphasized the psychology-based evolution of person-centered care. This presentation then described the Intentional Relationship Model (IRM). This model utilizes six modes of communication. Each of these modes was explained and positive and negative examples were given.

This model is not meant to stand alone; rather the model should be utilized to address the communication aspects of practice with clients. A supplemental model of practice or frame of reference must accompany the IRM. Dr. Taylor states, “The IRM is necessary but not sufficient on its own.”

This model addresses the concepts observed at various sites throughout this project that have not otherwise been placed into words. “Good” therapists have been observed interacting with residents with a sense of ease. It is now apparent that these therapists are intentionally using different communication modes more effectively than others. Dr. Taylor stated, “You are not
being therapeutic if you are not functioning within a mode.” Examples supporting this statement can be seen in most clinics. Under some circumstances the opposite is true. In these cases an outsider can often times see a relationship rift that is impeding a therapeutic relationship. These rifts may lead to power struggles or confrontation if not addressed.

The IRM will be an excellent component of communication to address during this course. Dr. Taylor’s book is available through the University of Toledo Library in electronic format. The book will be reviewed for its potential use as a text for this course.


**Abstract**

This book does not have an abstract.

**Summary and Significance**

This book is available through the University of Toledo Library in print format as well as through electronic format. The book outlines communication variables, approaches to effective communication, and use of modes of communication to create a desired outcome. One of the most beneficial aspects of this book is its reflective exercises at the conclusion of chapters. These exercises promote teamwork and application of skills discussed in the chapter.

The text is easy to read and has many tables that highlight important information. The text gives many case examples and is applicable to the experiences of the everyday lives of therapists. This text will be a required text in this course.

Abstract

Although occupational therapy literature emphasizes the importance of therapeutic use of self, there have been few studies of the interpersonal strategies used in response to different client needs. This study sought to explore therapists’ use of self according to the Intentional Relationship Model by examining the use of different modes of interacting with clients. A questionnaire was mailed to a random sample of 1,000 practicing occupational therapists. Sixty-four percent responded and 563 met inclusion criteria. Modes used most to least often were: encouraging, collaborating, problem-solving, instructing, and empathizing. Mode use did not differ according to client population. Therapists who experienced more difficult behaviors and emotions reported higher levels of using all modes. Therapists facing difficult behavior in general were more likely to report use of the instructing and problem-solving modes. Therapists with anxious clients reported greater use of the problem-solving mode, whereas therapists with depressed clients reported increased use of problem-solving, collaborating, and empathizing modes. Implications for occupational therapy practice and education are discussed.

Summary and Significance

This article was discussed as evidence backing Dr. Taylor’s Intentional Relationship Model. In hind sight use of these modes has become apparent in site observations. The findings of this article appear to coincide with the use of modes informally observed in the clinic. In many of the sites in which I have observed the primary mode of communication is encouraging. This mode was one of the top reported modes across all populations.

Providing education and tools to develop insight into modes may be beneficial in bringing about a higher awareness of how therapists are being therapeutic in their interventions. A lack of true empathy and lack of use of modes seem to be the downfalls in most treatments that do not appear to meet their maximum potential. I have not observed any therapists who have an attitude of such that they do not want the client to succeed or receive the highest quality care. It is not a lack of compassion that is causing lower quality of care. This may be attributed to a culmination of factors.

Summary

In the 1700s, there were public poor houses; in the later 1800s, more humanistic not-for-profit homes for the aged; and by the mid-1900s, less humanistic, particularly proprietary, nursing homes. The 1970s witnessed the beginning of a burgeoning literature on piecemeal programs which are beneficial for residents but often have neither produced humanistic culture change nor have persisted. Also, these cultures did not emerge from even ambitious legislated reforms. Yet, the ingredients for humanistic cultures have appeared in many publications even though they have not been incorporated into practice. This article traces the history of humanistic approaches to care and the role of government in catalyzing change.

Significance

This chapter in conjunction with the timeline will give a clear picture of the evolution of culture change taking into account social and political influences and factors. This chapter is also available in The Journal of Social Work in Long-term Care, thus the learners will not need to purchase this book. This chapter thoroughly and concisely sets the stage for culture change through presentation of evidence and political influences.


Abstract

For almost 20 years, occupational therapists have advocated client-centered practice. Yet client-centered practice is fraught with tensions that arise outside the practice of individual occupational therapists. This paper is guided by two questions: What produces professional tensions in client-centered practice? and What understanding and change might be generated using institutional ethnography? The sociological theory and method of institutional ethnography are described using data from an ongoing investigation of mental health services as a social institution. Illustrated are the research aim, research questions, and institutional analysis that distinguish institutional ethnography from conventional ethnography. Two professional tensions are associated with attempts to fulfill client-centered practice in mental
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health. One is that of working at cross-purposes with the prevailing hierarchical structure; the other tension is that of being celebrated yet subordinated in the medical and management hierarchies of health services. Although client-centered practice is difficult to do, the authors recommend institutional ethnography as a research approach to generate understanding and transformation of the context and practice of occupational therapy.

Summary and Significance

This article outlines some barriers to client-centered care through case examples. This article refers to inpatient mental health services, however the case examples are not distant reflections of the scenes observed in multiple long-term care facilities. This article outlines the misguided institutional constructs that hinder “good intentions” and limit a therapist’s ability to provide true client-centered practice.

Figure 1 gives a pictorial demonstration of power and tension between management, professions, and clients. The author’s statement, “Occupational therapist who want to be client-centered are torn and do not fit the system because they are trying to work horizontally and hierarchically while located bodily in the same place and time” depicts a barrier commonly seen in long-term care (LTC). Therapists in LTC are bound to company policy, Medicare guidelines, and the demands of productivity which create limiting environments for therapists to provide client-centered care. Client-centered care becomes a dilemma due to time constraints and its difficulty.

Another research finding that reflects observations of LTC is “talk with little action” where therapists claim their treatments are client-centered but they are not genuine. Through observation I have noticed a trend of this concept of “talk without action.” Some therapists give some level of choice in their treatment and therefore think that it is client-centered. Naiveté of client-centered theory and lack of effort are two proposed reasons for such misconceptions of client-centered treatment.
This article presents some deep questions that demand attention and challenge the fundamental beliefs of therapy. These questions should get the students thinking about person-centered care and its true meaning. Additionally, this article provides a challenge to therapists to advocate for change within the constructs of institutions. This article will be included in the course to emphasize the need to advocate for change from the current approach to care.


http://www.allhealth.org/briefingmaterials/obra87summary-984.pdf

**Abstract**

This file does not have a summary or abstract.

**Summary and Significance**

The significance of this article or summary is that it provides the key aspects of OBRA 1987 in a concise and manageable manner. This will be a good resource for describing the evolution of the Person-Centered Care movement. OBRA 1987 was an important piece of legislation that encourages increased quality care in nursing homes. It was pivotal in raising standards.

Many of the laws we have adopted in nursing facilities today came out of necessity and advocating for better quality care. Advocating and providing better quality care is the purpose of this course.


**Abstract**

This is a core textbook that does not have an abstract.
Summary and Significance

This text is a classic for teaching and learning theory. This book explores the basic principles behind designing curriculum. This book begins with the purposes, philosophy, goals, and objectives of the curriculum. The final chapters discuss evaluation of learning. This book was a guide for the development of my curriculum.

Tyler is referenced throughout the teaching-learning literature. His works have elicited new more encompassing theories from his followers. His followers often cite Tyler’s work and place their own spin on it. I have found that the work of many of his followers looks very similar to his work. This says to me that Tyler must be doing something right.


Abstract

This resource does not have an abstract.

Summary and Significance

As faculty and staff of The University of Toledo, it is our responsibility to conduct our activities with the highest standards of conduct in mind. This requires our personal commitment to:

- Become familiar with and comply with relevant University Policies
- Obey laws and regulations
- Be honest, fair, and trustworthy in our activities
- Foster an atmosphere in which equal opportunity is extended to every member of our diverse community
- Create a safe University community
- Avoid conflicts of interest between our work and personal affairs
- Sustain a culture in which ethical conduct is recognized, respected and promoted

This website displays the code of ethics for teaching staff at UT. This Code of Conduct is established to protect the students. This code must be abided by when producing this course and representing the university.

Abstract

This site does not have a summary or abstract.

Summary and Significance

This website gives guidelines for the different levels of evidence. People who are not familiar with types of research will understand the weight of each type. The library site also provides links to many search engines that can be used to find quality peer-reviewed research.

USC OT Department. (2010). The future of OT and AOTA. Retrieved from http://www.youtube.com/watch?v=BDzOWat_8Bk

Abstract

This resource does not have an abstract.

Summary and Significance

This brief video highlights the values and beliefs of OT. I think that this would be a nice addition to the course module. It addresses the learning styles of people who learn better through visual and auditory means vs. reading alone. Veterans Administration (Producer). (n.d.). Look at me. Available at http://www.youtube.com/watch?v=NB1I2eV64cw

This video is minutes and fifty seconds long. It depicts an elderly man at a nursing facility and his life story. The video is accompanied by a song that depicts the man’s life changes. This montage is very powerful and really speaks to person-centered care. This video will be included in the course and may be used to introduce the Life Story or to introduce person-centered care. This video will likely be a source of discussion for the learners.

Abstract

This source has no abstract.

Summary and Significance

This site provides an in-depth tutorial on the basics of locating and evaluating evidence. Based on observations and the needs assessment the lack of evidence-based practice is apparent in the field of OT. Currently practicing therapists come from a variety of educational backgrounds. Many of these individuals with a Bachelor or even some of the early Masters degree did not become exposed to research. The purpose of the proposed module will be to help OTs who do not have a research background to have a basic understanding of what to look for and where to look. Research is not as scary as it may sound, and the purpose of this module will be to help therapists get over their qualms with “research” and utilize it for the benefit of the clients.


Abstract

This video does not have a summary or abstract.

Summary and Significance

The video was selected to be included in this course to provide a family’s perspective on the lived experience of caring for someone with Alzheimer’s disease. It can be so easy to get
caught up in productivity or one’s own motivations. The result is a quality of care that we would not like our family members to experience.

The purpose of this video is to remind the learners that the person they are treating is a person and deserves the same quality of person-centered care as an individual who may be more able to voice needs and wants. An empathetic approach with the resident and his or her family will likely produce the most optimal care experience.

I specifically liked this video because it was short and powerful. The video gets straight to the point. It pulls on both your head and heart strings simultaneously. If we look at each resident that we work with in this personalized manner then we will provide more personalized treatments and care.


**Abstract**

This resource does not have an abstract.

**Summary and Significance**

This chapter on the power and challenges of online teaching was direct and written in a down-to-Earth tone. The author is an online teacher and online learner. She discusses the differences in voice between chat, e-mail, and text messaging and how these three mediums can convey the same information in ways that appear very different at first. The author suggests that one can be educational without being didactic. The online environment actually encourages education to occur through less formal means.

The author also addresses the topic of the amount of time that e-mail communications consumes in her online teaching and the importance of keeping communications logged and organized in case of future problems. This concept of increased time in teaching an online course is not novel. This concept has been reflected throughout the review of literature. However, the
author’s suggestions represent actions to be taken to mitigate time spent with e-mail. The author also emphasizes prioritizing e-mail by intensity required return response to better manage time.

One unique aspect of this chapter was the author’s “Key components of a voice of someone worth listening to” section. The author suggests the following ways to be an effective teacher:

- Leave space for students to have their own thoughts
- Encourage questions
- Be someone admirable and respectable
- Be a listener

This chapter was significant in that it addressed tips of how to attain desired outcomes. Many other articles have suggested the importance of such topics without a discussion of steps to attain desired outcomes. The suggestions of this chapter will be used to guide the development of the course content.


Abstract

This resource does not have an abstract.

Summary and Significance

This web tutorial addresses the current OTPF terminology and gives examples of application of the framework. It is interactive and self-paced. The user is free to navigate the tutorial at his or her discretion and may return to any part at any time.
The tutorial has some areas that are under construction; however these areas were not the main emphasis of this module. The introduction of the current framework seems to be a necessity based on the needs assessment and observations in the field. Many therapists who have been practicing for a while are unaware of the transition from Universal Terminology to OTPF. Understanding of the current terminology and its application will increase understanding between different cohorts of OTs and hopefully increase application to treatments and documentation. Understanding the terminology indirectly helps the client because the therapist’s services will be more likely to be covered by the pay source.


Abstract

Purpose: The purpose of the study was to empirically test items of a new measure designed to assess person-directed care (PDC) practices in long-term care. Design and Methods: After reviewing the literature, we identified five areas related to PDC: personhood, comfort care, autonomy, knowing the person, and support for relationships. We also identified an additional component of environmental support. We developed items to reflect the constructs, and then a series of lay and professional experts in the field reviewed the items for face validity. We distributed the resulting 64-item PDC and Environmental Support for PDC measure to direct care workers and nursing, administrative, and other staff from a range of long-term settings across Oregon, culminating in a sample size of 430 participants from eight sites. We employed exploratory factor analyses to reveal the underlying structure of the measure. Results: After we dropped 14 items from the measure, it attained good simple structure, revealing five PDC constructs as previously theorized and three Environmental Support constructs: Support for Work With Residents; Person-Directed Environment for Residents, and Management/Structural Support. All constructs were conceptually distinct and internally consistent, and, as expected, all were positively correlated. Implications: The PDC measurement tool developed through the Better Jobs Better Care demonstration program funded by the Atlantic Philanthropies and Robert Wood Johnson Foundation is an important step toward operationalizing the philosophies inherent in the concepts of PDC and is expected to be a useful tool in evaluating successes in meeting PDC goals and in prompting further research regarding PDC and its consequences for resident and client outcomes.

Summary and Significance
This article presents a succinct, quality review of the literature on person-centered care and displays the process of investigating the adoption of person-centered care principles within an organization. The article stresses the need for continued research, but the author offers this tool as a work-in-progress toward measuring change in quality of care.


http://www.dhs.wisconsin.gov/aging/genage/Pubs/Applying_PersonDirected_CarePrinciples.pdf

**Abstract**

**Guidelines for Person-Directed Care Planning**
The goals for the care planning session are to:
1. Apply Person-Directed Care Principles and approaches to the care plan.
2. Update care plans to reflect the person with dementia’s strengths and needs.
3. Change from using vague institutional, disease focused, “labeling” language to clear, easy to understand, specific-to-the person, strengths based information.
4. Fashion the care plan to be a learning document about the person, with the best ways to understand, help and provide quality of life experiences for her or him.
5. Incorporate recent input from people who know the person well and work with him or her regularly (preferably in person as part of the team).

**Summary and Significance**

This was one of my favorite resources. This pdf provided an in depth discussion about dementia and the impacts that it has on an individual. The paper provides direct examples of language and interventions that make care more person-centered. The paper was written with the client truly as the central focus of the project. The authors even go to the extremes of defining ill and well-being from the person’s perspective. The author discusses old language versus the new more person-centered language.
This paper gives direct examples from a sample care plan of how to continue to enhance goals and help the care/therapy team to understand the needs of the individual. This serves as an example to strive for in the field, and it may help therapists who are struggling to come up with novel person-centered goals.


Abstract

Seven recent experimental and quasi-experimental studies have compared the exercise of subjects instructed to pursue some added goal (often termed purposeful activity) with the exercise of subjects instructed to exercise without the suggestion of an added goal (often termed non-purposeful activity). This article suggests a new terminology for this type of independent variable and describes an experiment within this developing tradition. An occupational form designed, through materials and instructions, to elicit a rotary arm exercise with the added purpose of stirring cookie dough was compared with an occupational form designed to elicit the rotary arm exercise with no added purpose. The subjects were 30 elderly female nursing home residents randomly assigned to the occupational forms. Results indicated that the added-purpose, occupationally embedded exercise condition elicited significantly more exercise repetitions than did the rote exercise condition (one-tailed p = .012). Exercise duration and exercise stoppages were also recorded. This study provides additional support for the traditional occupational therapy idea of embedding exercise within occupation. Suggestions are made for future research involving the experimental analysis of therapeutic occupation.

Summary and Significance

This article, like Bach et. Al. (1995), addresses the power of occupation. Occupational therapists have the tools, the knowledge, and the skill sets to be leaders in person-centered care. Occupational therapists need to clearly distinguish the therapy they are providing from other therapies. Creating personalized meaningful and purposeful occupational forms is best practice for the occupational therapists and provides better outcomes for the residents.

Abstract

When the Maryland Higher Education Commission made public a new state regulation distinguishing between interactive and non-interactive instruction, advocates of distance education objected. The staff of the commission undertook a bibliographic search to determine the effectiveness of various methods of delivering distance education. This article summarizes the results of the bibliographic search. Significantly, several studies reviewed suggest that interactive videodiscs may be the most effective form of instruction. The authors explore this possibility and propose a continuum of delivery modes from least interactive to most interactive. The logic of the continuum leads to a number of issues requiring further research. The annotated bibliography appears as an appendix to this issue.

Summary and Significance

The benefits direct interaction is that the learner has direct involvement or engagement in the learning process. The article emphasizes that a variety of interactions fosters engagement of learners, thus enhancing motivation, retention, active and meaningful learning. A study of children kindergarten through twelfth grade showed that interactive learners learned as well or better than non-interactive learners. This finding is important to incorporate into this course. Interactive learning can occur through the multimedia materials as well as through active discussions on the discussion board.


Abstract

In the present study, the author investigated the role of thinking styles in university students’ preferences for teaching styles and their conceptions of effective teachers. Students (121 men and 134 women) from the University of Hong Kong responded to 3 self-report tests: the Thinking Styles Inventory–Revised (R. J. Sternberg, R. K. Wagner, & L-F. Zhang, 2003), the Preferred Thinking Styles in Teaching Inventory (L-F. Zhang, 2003c), and the Effective Teacher Inventory (L-F. Zhang, 2003b). Results indicated that even after age, gender, and academic discipline were controlled, particular thinking styles predisposed students to particular teaching styles. Moreover, as expected, students were open to more than just teaching styles that precisely matched their own thinking styles. Results also indicated that students’ thinking styles made a difference in their conceptions of
effective teachers. Discussions are focused on the study’s contributions to both the style literature and the growing body of knowledge on characteristics of effective teachers.

**Summary and Significance**

Zhang’s research and findings on adult learning styles has been referenced in many of the article that I have read. This article gives a comprehensive description of “Mental Self-Government” and the types of preferred learning styles. One point emphasized in the article is that learners do not always use one preferred learning style. The learner often adapts his or her style to the learning environment and material.

The proposed course material will encourage learners from an internal and external scope of practice. This will allow for students who prefer to learn alone and students who prefer to learn with others to benefit likewise. The discussion board will serve as a collaborative learning environment while many of the assignments will encourage more independent critical thinking and application of learning. Assignments will also be varied to support more liberal and conservative thinking styles described by Zhang. The structure of this course will allow learners with both liberal and conservative style preferences opportunities to explore novel their creativity and apply new concepts and knowledge to practice.

Zhang discusses the positive correlation between personality attributes and the two discussed thinking styles. He describes three types of thinking styles. The first type is composed of people who are more creative and exhibit higher levels of complexity in thinking. This type of individual typically prefers legislative, hierarchical, global, and liberal thinking styles. The second type of individual prefers “norm-favoring” thinking where answers are guided and the cognitive application of material is less complex. This type tends to prefer executive, local, monarchic, and conservative thinking styles. The final type is a combination of these thinking styles. This type is more flexible and adapts to different learning tasks and the environment.
This study found that students’ preferences for teaching style generally reflected the student’s preferred thinking styles as demonstrated through formal inventories. In online teaching the instructor is limited in flexibility of teaching style. The materials and assignments cannot easily be tailored to each student. As a result the teach approach must be varied to accommodate learners with different thinking styles to maximize their learning experience.