

Course Syllabus

1	Course title	Neuro clinical	
2	Course number	1812452	
3	Credit hours	3 (Clinical)	3 (Clinical)
	Contact hours (theory, practical)	6 hours/week	
4	Prerequisites/corequisites	Applied Occupational Therapy for physical and neurological disorders (1812327)	
5	Program title	Bachelor's in occupational therapy	
6	Program code	1802	
7	Awarding institution	University of Jordan	
8	School	School of Rehabilitation Sciences	
9	Department	Occupational Therapy	
10	Course level	Undergraduate	
11	Year of study and semester (s)	4th year, first semester	
12	Other department (s) involved in teaching the course	BSc in Occupational therapy	
13	Main teaching language	None	
14	Delivery method	<input checked="" type="checkbox"/> Face to face learning <input type="checkbox"/> Blended <input type="checkbox"/> Fully online	
15	Online platforms(s)	<input type="checkbox"/> Moodle <input checked="" type="checkbox"/> Microsoft Teams <input type="checkbox"/> Skype <input type="checkbox"/> Zoom <input type="checkbox"/> Others.....	
16	Issuing/Revision Date	8/10/2023	

17 Course Coordinator:

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18 Other instructors:

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19 Course Description:

In this fieldwork training, the students visit several hospitals and clinics for neurological and physical dysfunctions to apply the OT assessment and intervention methods learnt in previous courses.

20 Course aims and outcomes:

different neurological disorders based on ICF												
Select the appropriate frame of reference, screening, evaluation, and treatment methods.		x										
Choose appropriate assessment tools and procedures (clinical reasoning) to determine problems list and write a full treatment plan with appropriate long-term and short-term goals			x									
Student will have assumed a full caseload, as defined by the fieldwork site, by the end of the fieldwork experience.			x									
Student will demonstrate initiative, independence and professionalism when exploring new learning opportunities that may become available.			x									
Student will be familiar with and utilize occupation-based treatment/intervention approaches that demonstrate an in-depth knowledge of various occupational therapy techniques that are applicable to the fieldwork setting				x								
Student will actively utilize all available resources to aid in the planning and performance of their assigned responsibilities					x							
Show effective communication skills with the client and the family and workers in the center						x						
Manage professional behavior at all times during the rotation including cell phone policy, professional language and							x					

communication, attire, attendance, following institutional policies.												
Use safety precautions during the rotation								x				
Submit assignments on time									x			
Student will submit correct and complete documentation in a form of “portfolio”									x			
Use safety precautions during the rotation										x		

21. Topic Outline and Schedule:

Week	Lecture	Topic	Student Learning Outcome	Learning Methods (Face to Face/Blended/ Fully Online)	Platform	Synchronous / Asynchronous Lecturing	Evaluation Methods	Resources
1	1.1		1.1,1.2,2.1,2.2,3.1,3.2,4,1,3.4.1,4.2		Microsoft teams	Synchronous	-	1,2
	1.2	Orientation -Manual discussion					Professional behaviors and Assignment discussion	1,2
	1.3							1,2
2	2.1	Clinical visits and Seminars	1.1,1.2,2.1,2.2,3.1,3.2,4,1,3.4.1,4.2	Face to face			Discussions (assessment) -Supervisor evaluation	1,2
	2.2	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation	1,2
	2.3	Clinical visits and Seminars					SOAP note	1,2

3	3.1	Clinical visits and Seminars	1.1,1.2,2.1,2.2,3.1,3.2,4,1,3.4.1,4.2				-Portfolio	1,2	
	3.2	Clinical visits and Seminars					SOAP note		1,2
	3.3	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation		
4	4.1	Clinical visits and Seminars	1.1,1.2,2.1,2.2,3.1,3.2,4,1,3.4.1,4.2				SOAP note	1,2	
	4.2	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation		
	4.3	Clinical visits and Seminars					SOAP note		
5	5.1	Clinical visits and Seminars	5.1,5.2,6.1,6.2,7.1,7,2,8,1,8,2				-Portfolio -Discussions -Supervisor evaluation	1,2	
	5.2	Clinical visits and Seminars					SOAP note		
	5.3	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation		
6	6.1	Clinical visits and Seminars	5.1,5.2,6.1,6.2,7.1,7,2,8,1,8,2				SOAP note		
	6.2	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation		
	6.3	Clinical visits and Seminars					SOAP note		
7	7.1	Clinical visits and Seminars	5.1,5.2,6.1,6.2,7.1,7,2,8,1,8,2				-Portfolio -Discussions -Supervisor evaluation		

	7.2	Clinical visits and Seminars					SOAP note	
	7.3	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation	
8	8.1	Clinical visits and Seminars	5.1,5.2,6.1,6.2,7.1,7,2,8,1,8,2				SOAP note	
	8.2	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation	
	8.3	Clinical visits and Seminars					SOAP note	
9	9.1	Clinical visits and Seminars	5.1,5.2,6.1,6.2,7.1,7,2,8,1,8,2				-Portfolio -Discussions -Supervisor evaluation	
	9.2	Clinical visits and Seminars					SOAP note	
	9.3	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation	
10	10.1	Clinical visits and Seminars	9.1,9.2,9.3,10.1,10.2,11.1,11.2,12.1,12.2				SOAP note	
	10.2	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation	
	10.3	Clinical visits and Seminars					SOAP note	
11	11.1	Clinical visits and Seminars	9.1,9.2,9.3,10.1,10.2,11.1,11.2,12.1,12.2				-Portfolio -Discussions -Supervisor evaluation	1,2
	11.2	Clinical visits and Seminars					SOAP note	1,2

	11.3	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation	1,2
12	12.1	Clinical visits and Seminars	9.1,9.2,9.3,10.1,10.2,11.1,11.2,12.1,12.2				SOAP note	1,2
	12.2	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation	1,2
	12.3	Clinical visits and Seminars					SOAP note	1,2
13	13.1	Clinical visits and Seminars	9.1,9.2,9.3,10.1,10.2,11.1,11.2,12.1,12.2				-Portfolio -Discussions -Supervisor evaluation	1,2
	13.2	Clinical visits and Seminars					SOAP note	1,2
	13.3	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation	1,2
14	14.1	Clinical visits and Seminars	9.1,9.2,9.3,10.1,10.2,11.1,11.2,12.1,12.2				SOAP note	1,2
	14.2	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation	1,2
	14.3	Clinical visits and Seminars					SOAP note	1,2
15	15.1	Clinical visits and Seminars	9.1,9.2,9.3,10.1,10.2,11.1,11.2,12.1,12.2				-Portfolio -Discussions -Supervisor evaluation	1,2
	15.2	Clinical visits and Seminars					SOAP note	1,2
	15.3	Clinical visits and Seminars					-Portfolio -Discussions -Supervisor evaluation	1,2

22 Evaluation Methods:

Opportunities to demonstrate achievement of the SLOs are provided through the following assessment methods and requirements:

Evaluation Methods and Assignments:

Category	Practical /written	Brief description*(Neuro)	Date	Grade 100%
Midterm (30%)	Theoretical exam	Midterm exam	Week 7	20
	Practical-Live video quiz		Week7	10
Evaluation during training (20%)	Practical-Clinical	Supervisor assessment	Throughout the semester	20
Final (50%)	Practical (20)	Portfolio	07/01/2023	15
		Intervention Tool	12/11/2023	5
	Theory (30)	Final Exam	To be decided	30

23 Course Requirements

(e.g: students should have a computer, internet connection, webcam, account on a specific software/platform...etc):

24 Course Policies:

A- Attendance policies:

Attendance will be taken periodically throughout the semester.

Students are expected to attend and actively participate in all classes.

Students are expected to be on time.

When the student is unable to attend class, it is a courtesy to notify the instructor in advance using either e-mail or phone.

Repeated tardiness or leaving early will not be accepted.

Students who miss class (or any portion of the class) are responsible for the content. Any student who misses a class has the responsibility for obtaining copies of notes, handouts, assignments, etc. from class members who were present. If additional assistance is still necessary, an appointment should be scheduled with the instructor. Class time is not to be used to go over the material with students who missed class(es).

An absence of more than 15% of the number of classes, which is equivalent to (3) classes, requires that the student provides an official excuse to the instructor and the dean.

If the excuse was accepted the student is required to withdraw from the module.

If the excuse was rejected the student will fail the module and a mark of zero will be assigned as suggested by the laws and regulations of the University of Jordan.

B- Absences from exams and handing in assignments on time:

The instructor will not do any make-up exams.

Exceptions for make-up exams and late submission of class assignments will be made on a case-by-case basis for true personal emergencies that are described as accepted by the regulations of UJ (e.g., documented medical, personal, or family emergency).

Make-up exams will be arranged if justifications for missing the exam satisfy the above. It is the student's responsibility to contact the instructor within 24 hours of the original exam to schedule a make-up session. A make-up exam should be taken within a week from the original exam date, unless the student can provide documentation that makes meeting that deadline impossible; otherwise, the recorded score for that exam for student will be a zero.

Late assignments will not be accepted and submission of assignments (due to unjustified absence from class) by other students will not be accepted regardless of how much work the student put into its preparation.

C- Health and safety procedures:

Students are not expected to use any heavy tools or equipment that might impose health and safety issues during this course.

Students should work safely, including being able to select appropriate hazard control and risk management, reduction, or elimination techniques in a safe manner in accordance with health and safety legislation.

Students should understand the importance of and be able to maintain confidentiality.

Students should understand the importance of and be able to obtain informed consent.

Students should know the limits of their practice and when to seek advice or refer to another professional.

D- Honesty policy regarding cheating, plagiarism, and misbehavior:

Students are expected to observe all University guidelines pertaining to academic misconduct.

Any work submitted by a student for academic credit must be the student's own work. Submission of work taken directly from another source (e.g., book, journal, internet, clinic forms, or another student's work) will be considered plagiarism and the student/group will get a zero grade for that work if part of an assignment. In addition, if copying occurred, both the student who copied the work and the student who gave material to be copied (if applicable) will receive a zero for the assignment.

Students are expected to do the work required for assignments on their own. Asking other instructors at the JU clinic or the staff, or other students to assist in or do any part of the assignment for them will negatively affect their grade on that assignment. The course instructor is the person the student needs to talk to if s/he has any difficulties pertaining to an assignment or project and is strongly encouraged to schedule an appointment with the instructor if such difficulties arise during the semester.

Course materials prepared by the instructor, together with the content of all lectures and review sessions presented by the instructor are the property of the instructor. Video and audio recording of lectures and review sessions without the consent of the instructor is prohibited.

Any forms of academic misconduct will be handled according to the University of Jordan guidelines.

E- Grading policy:

Grading for this course will be determined based on the accumulation of points for a variety of assignments and exams. All work will be evaluated on the completeness, organization, clarity of information, and the integration and application of the material.

F-Available university services that support achievement in the course:

The University of Jordan provides many services to support the social, health, and mental well-being of students in general and students with disabilities in specific. Students are advised to visit the Faculty of Students Affairs to learn more about those services. If you are a student with a disability for which you may request accommodations, please notify the staff of Services for Students with Disabilities (Faculty of Students Affairs) as soon as possible. Please also contact the instructor as soon as possible (email is acceptable) so the appropriate accommodations for this course can be made.

25 References:

Required book (s), assigned reading, and audio-visuals:

Dirette, D. & Sharon A. Gutman, S. (2021). *Occupational Therapy for Physical Dysfunction* (8th Edition). Wolters Kluwer, Philadelphia.

Trombly, C. , & Radomski, M. (Eds) (2014). *Occupational therapy for physical dysfunction (7th ed.)*. Baltimore, MD: Lippincott Williams & Wilkins.

3.Recommended books, materials, and media:

Edmans, J. (2010). *Occupational Therapy and Stroke*. Wiley-Blackwell

Sames, K. (2005) *Documenting Occupational Therapy Practice*. New Jersey: Pearson

Crepeau, E., Cohn, E., & Schell, B. (Eds) (2003). *Willard & Spackman's Occupational Therapy* (10th ed.) Baltimore: Lippincott Williams & Wilkins.

26 Additional information:

None

Name of Course Coordinator: Salma Abduljaber	Signature: S.A	Date: 8-10-2023
Head of Curriculum Committee/Department: Majd Jarrar, PhD	Signature:	
Head of Department: Majd Jarrar, PhD	Signature:	
Head of Curriculum Committee/Faculty:	Signature:	
Dean:	Signature:	

Assignments for neurological disorders

Portfolio Assignments (15 points)

During your rotation, you will work **in pairs** to identify a client who is age 18 years or older with a condition covered in your applied physical dysfunction class and neurological disorders for which he/she is receiving occupational therapy services. Please maintain patient confidentiality by not using real patient names or initials or any other personal identifiable data. Ideally, you would see the client you've selected for your assignment multiple times during your rotation. You are encouraged to discuss the case with your clinical supervisor and course instructor, but it is not required. **The following template should be used to complete this assignment.** Make sure to present your information clearly (You must use the recommended **tables in the sections**).

I. Demographics and diagnostics:

- A. Client pseudonym
- B. Age and gender
- C. Treatment setting
- D. Client diagnosis(es):
 1. Primary (reason for referral)
 2. Secondary (other important diagnoses/comorbidities)
 3. Precautions/contraindications (related to medical condition, equipment, safety)
- E. Brief medical history (major hospitalizations, surgeries, medications, medical complications)

II. Screening and Evaluation:

Screening: write a short paragraph (Max. 3 lines) explaining how you decided that this client may or may not benefit from occupational therapy services. This paragraph should not contain detailed interventions and services.

Assessments: what did you assess? standardized assessment tools did you use? Why? What were the results? What is the interpretation of the results (what does that mean)? Interpret the results as relevant to OT (use the following table).

[Please attach any assessment form you used]

Occupational profile – use the AOTA Occupational Profile Template

Name of assessment	Why you chose it?	Results	Interpretation	Relevance to OT

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III. Clinical reasoning and analysis:

- A. What interdisciplinary communication did you observe (or didn't but could have observed) related to your client's care?
- B. What other client factors or performance areas would you have liked to have assessed?

IV. Current occupational performance analysis:

- A. List restricted occupational performance areas and current level of functioning in each (e.g., Upper extremity dressing: minimum assistant; bathing: moderate assistant).
- B. Identify pertinent impairments in client factors and performance skills that contribute to the restricted occupational performance areas identified in "A".

Performance area	Current level of functioning	Client factors	Performance skills

V. Goals:

- A. Identify two long-term goals for this client.
- B. Identify three short-term goals for each long-term goal (six total). For each short-term goal identify the frame of reference that applies.

LTG	STG	Client factors	Performance skills
1.	1.		
	2.		
	3.		
2.	1.		
	2.		
	3.		

VI. Intervention Planning:

- A. For each of the long-term goals, identify the treatment approaches that you used to carry out your treatment plan (NDA, Biomechanical, Remediation/restoration, ... etc)
- B. For each of the long-term goals, identify the specific interventions that you used to carry out your treatment plan (Type of intervention: occupations and activities, preparatory methods [modalities, stretching/ROM,

splinting, therapy exercise, assistive technology, wheeled mobility, purposeful therapeutic activities], education and training, and/or advocacy).

- C. Establish the frequency and duration of your intervention. And briefly describe when OT services should be discontinued, based on client factors, and setting limitations.
- D. Using the specific interventions that you've identified, describe a 45-minute treatment session. Include specific interventions, amount of time spent on each, and any handouts or home exercise programs you would provide (facility-produced handouts are acceptable).

VII. Grading:

- A. Based on the treatment session you described in VI-D above, describe 3 ways that you could grade these activities to be more difficult for this client. For each graded activity, identify which client factors would be challenged by the increased difficulty of this task (e.g., strength, attention, memory, dynamic sitting balance, ROM).
- B. Based on the treatment session you described in VI-D above, describe 3 ways that you could grade these activities to be easier for this client. For each graded activity, identify which client factors would be less challenged by the decreased difficulty of this task (e.g., strength, attention, memory, dynamic sitting balance, ROM).

VIII. SOAP note:

You are required to write **one** SOAP note for a chosen session, use the guidelines below to help you to write it.

Page guidelines for final report:

Sections I – II: 1 page

Sections III – IV: 1 – 2 pages

Sections V – VII: 2 – 3 pages

Section VIII: 1 page

Font and layout: You have to hand in a printed portfolio, use font type (Times New Roman), font size (12p) and your portfolio should be neat and organized.

Occupational profile – use the AOTA Occupational Profile Template

AOTA Occupational Profile Template

OCCUPATIONAL PROFILE			
Client Report	Reason the client is seeking service and concerns related to engagement in occupations (p. 16)	Why is the client seeking services, and what are the client's current concerns relative to engaging in occupations and in daily life activities? (This may include the client's general health status.)	
	Occupations in which the client is successful and barriers impacting success (p. 16)	In what occupations does the client feel successful, and what barriers are affecting their success in desired occupations?	
	Occupational history (p. 16)	What is the client's occupational history (i.e., life experiences)?	
	Personal interests and values (p. 16)	What are the client's values and interests?	
Contexts		What aspects of their contexts (environmental and personal factors) does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement?	
	Environment (p. 36) (e.g., natural environment and human-made changes, products and technology, support and relationships, attitudes, services, systems and policies)	Supporting Engagement	Inhibiting Engagement
	Personal (p. 40) (e.g., age, sexual orientation, gender identity, race and ethnicity, cultural identification, social background, upbringing, psychological assets, education, lifestyle)	Supporting Engagement	Inhibiting Engagement

Performance Patterns	Performance patterns (p. 41) (e.g., habits, routines, roles, rituals)	What are the client's patterns of engagement in occupations, and how have they changed over time? What are the client's daily life roles? (Patterns can support or hinder occupational performance.)	
	Client Factors		What client factors does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement (e.g., pain, active symptoms)?
Values, beliefs, spirituality (p. 51)		Supporting Engagement	Inhibiting Engagement
Body functions (p. 51) (e.g., mental, sensory, neuro-musculoskeletal and movement-related, cardiovascular functions)		Supporting Engagement	Inhibiting Engagement
Body structures (p. 54) (e.g., structures of the nervous system, eyes and ears, related to movement)		Supporting Engagement	Inhibiting Engagement
Client Goals	Client's priorities and desired targeted outcomes (p. 65)	What are the client's priorities and desired targeted outcomes related to the items below?	
		Occupational Performance	
		Prevention	
		Health and Wellness	
		Quality of Life	
		Participation	
		Role Competence	
		Well-Being	
		Occupational Justice	

TREATMENT PLAN WORKSHEET

Client initials:	Age:	Gender: Male Female	Hand Dom.: Rt, Lt	Therapist: (enter student name here)
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Primary Diagnosis:

Precautions/contraindications:

Brief medical history (major hospitalizations, surgeries, medications, medical complications)

List 3 specific problems that the client mentioned:	List 3 new solution to address each problem:

Short-Term Occupational Therapy Goals:

45-minutes TREATMENT PLAN

Time (#min)	Activity & Frequency	How to grade up	How grade down
(e.g., 5min)			

SOAP note

SOAP note criteria-reference for grading (One page)

Overall:

- ✓ Professional Presentation: (formal format, font size, neat, includes date and time, number of sessions, student name, client's initials and diagnosis, general overview or background information;(dominant hand, gender, age, etc..).
- ✓ Minimal English usage errors: (grammar, spelling, punctuation especially in the "S" part, use only standard abbreviations (correct medical terminology), use active voice wherever possible.
- ✓ Entire note is organized, concise, and accurate (all connected, cohesive), each category contains the correct info which belong in other category).

Subjective:

- ✓ Clearly indicates patient concerns and information.
- ✓ Includes subjective information only (the most relevant info has been selected).

Objective:

- ✓ Includes objective information only (related to sensory function, ADLs, mobility, ROM, cognition - based on assessment (be objective without judgmental.
- ✓ Opening statement (duration, setting, purpose of the treatment session, client's active participation-focus-)
- ✓ Accurate detailing treatment session in clear and concise manner (Activities/ Intervention (report collected data- observations, measurements, scores- with NO interpretation, specific- about assistance level if needed and media/tools-, document response not only what the therapist has done.
- ✓ Reports client's response to intervention
- ✓ Utilizes objective statements throughout the objective section (no interpretive statements)

Assessment:

- ✓ Explains how the findings (observations) either support or interfere with performance.
- ✓ Uses neutral language to describe the need. Think OT approaches.
- ✓ Makes comparison of client's performance to previous OT sessions (if relevant)
- ✓ Complete (go sentence by sentence of the data presented in the "S" and "O", problems/ progress clearly indicated)
- ✓ No new material
- ✓ Ends with a statement of what the client would benefit from- recommendations.

Plan:

- ✓ Frequency, duration of services, purpose and goals.
- ✓ Explain next steps (planned actions, strategies, ties together info from O and A, or recommendations, reasonable for this particular client and setting).

Criteria for Portfolio

Student name: _____ Student total grade: _____ / 15

Sections	Sub -elements of evaluation	70%	
Demographics and diagnostics (/5)	Stating background info	5	
Screening (/5)	List main performance issues that seem of concern	2	
	Relate that to occupational therapy (performance areas)	2	
	End up with statement concerning eligibility for services	1	
Clinical reasoning and analysis (/4)	What interdisciplinary communication did you observe (or didn't but could have observed) related to your client's care?	2	
	What other client factors or performance areas would you have liked to have assessed?	2	
Occupational profile (/5)	Use occupational profile template (client report, context, performance pattern, client factors, client goals)	5	
Evaluation & Interpretation (/5)	Use relevant assessment tools to condition and justify the use of assessment tool	1	
	Use sufficient tools to address main areas of concern (2 at least)	1	
	Record the scores and the meaning of scores	1	
	Interpret the scores as relevant to OT	1	
	Connect scores to future focuses/ goals- Build on interpretations	1	
Current occupational performance analysis (/10)	List restricted occupational performance areas and current level of functioning in each	5	
	Identify pertinent impairments in client factors and performance skills that contribute to the restricted occupational performance areas identified above	5	

Long Term goals (/5)	Relevant: to the client's condition & set priorities	1	
	Time: # of sessions & date of completion	1	
	Verb used (Clear & understandable)	1	
	Measurable: Method of measuring progress	1	
	Achievable & realistic	1	
Short term goals (/5)	Relevant: appear as a graded plan for achieving the long-term goal	1	
	Time	1	
	Verb used (Clear & understandable)	1	
	Measurable: method of measuring progress presents and appropriate	1	
	Method of measurement is the same as that used in long term goals	1	
Intervention planning (/15)	For each LTG (identify the treatment approaches that you used to carry out your treatment plan (type of intervention)	5	
	for each of the long-term goals, identify the specific interventions that you used to carry out your plan	5	
	Describe 45-minute treatment session (problems, goals, activities and grading)	5	
	SOAP: 'S' is based on impression & client's report	1	
	SOAP: 'O' based on other professional documented reports and on observation	1	
	SOAP: 'A' is occupational analysis based in the above	1	
	SOAP: 'P' is reasonable and guide the formulation of future goals	1	
	Establish the frequency and duration of your intervention. And write when OT services should be discontinued, based on client factors, and setting limitations.	2	
General layout (/5)	Professional presentation and organization: grammatically and spelling correct, stick to the page guideline numbers, font type, font size, using the recommended tables.	1	
Total:	/15		

The University of Jordan
Occupational Therapy Department
TA/Clinical Supervisor Assessment Form (20 Points)

Student name:	Rotation:
Clinical supervisor/TA name:	Site:

- Grand total: _____/104 Final Grade: _____/20

Evaluation scale (For the final grade):

- 9 – 10: Poor
- 11 – 12: Inadequate performance
- 13 – 14: Below level of competence
- 15 – 16: Competence
- 17 – 18: Above level of competence
- 19 – 20: Outstanding

For the following questions, please check the appropriate box using the following criteria:

- Inadequate performance (0): Unable to identify and performs stated tasks.
- Below the level of competence (1): Inconsistently performs stated tasks.
- Competence (2)
- Above the level of competence (3): Performs all stated tasks consistently.
- Outstanding performance (4): Consistently and skillfully performs stated tasks, beyond expectations.

A. Assessment

	Inadequate performance (0)	Below level of comp. (1)	Competence (2)	Above the level of comp. (3)	Outstanding performance (4)
1. Selects the appropriate assessment methods for clients					
2. Creates an environment appropriate to assess the client					
3. Demonstrates effective verbal and non-verbal communication skills when assessing the client					
4. Obtains additional information from the appropriate persons/records					
5. Interprets the results of the assessment in terms of occupational function and dysfunction					
6. Demonstrates good safety awareness*					
Total score: /24					

*A safety score of “inadequate performance” or “below the level of competence” will result in 0 total score

B. Intervention Planning, Implementation and Evaluation:

	Inadequate performance (0)	Below level of comp. (1)	Competence (2)	Above the level of comp. (3)	Outstanding performance (4)
1. Plans long term and short-term objectives in conjunction where appropriate					
2. Demonstrates ability to establish treatment priority					
3. Selects appropriate media and intervention technique					
4. Arranges equipment/materials to facilitate a smooth flow of the session					
5. Demonstrates effective implementation of intervention					
6. Provides patient and family education when appropriate					
7. Demonstrates good safety awareness*					
8. Involves the client in treatment planning decisions by communicating rationale for intervention program					
9. Identifies when intervention program should be modified or discontinued or has met client goals					
Total score: /36					

E. Professional Behavior:

	Inadequate performance (0)	Below level of comp. (1)	Competence (2)	Above the level of comp. (3)	Outstanding performance (4)
1. Demonstrates initiative and active participation while in site					
2. Maintain therapeutic relationship with client and caregiver and respect patient confidentiality					
3. Adheres to dress code					
4. Understand limits of own abilities					
5. Manages own time and workload effectively					
6. Responds positively to constructive feedback					
7. Using professional terminology and abbreviations during verbal and written communication					
8. Improves current level of skills and knowledge by independently participating in learning experience					
9. Communicates effectively with co-workers and health care professionals and provides constructive suggestions					
10. Interprets occupational therapy to others according to their level of interest and understanding					
11. Attendance and punctuality					
Total score: /44					

Clinical Reasoning in Intervention Tool Selection (5 points)

During your rotation in the **Neurological** clinical training, you will work in a group of **3 – 4 students**, you are required to choose one of the problems that you notice in the patients (neuro cases) you deal with in and design an appropriate intervention tool for this problem.

Submission Date: 12/11/2023

Assignment: Preparing an Intervention Tool for Neurological Disorders	
<u>Assignment description:</u>	In groups of 3, students are required to prepare a tool for patient with neurological disorder, and include a report explain the following component: Tool description and how to use it Goals Grading up and down
<u>Assignment objective:</u>	Apply the basic procedures of the main intervention approaches used with neurological disorders. Develop the use of analytical, problem-solving skills and creativity when thinking of solutions for problems encountered in OT setting.

Rubric	Sub -elements of evaluation	Grade 10 %	
Richness & comprehensiveness of the tool	Addressing the therapeutic benefits and goals of the tool in occupational therapy (suitable for patient)	1	
Rational and illustration	Demonstrate with which type of conditions/diagnoses it can be used	1	
Report	Clarity of: no typos, clear font, etc.	.5	
	Organization: proper use of headings & Subheadings	.5	
	Include all components (1 page) (tool description and how to use it, 2 goals, grading up and down.)	2	
Characterizes & quality of FABRICATED Intervention tool	Applicable, Durable and use friendly	2	
	Professional: very similar to a manufacture assessment tool	1	
Creativity	Variety and multiplicity of ideas presented. There something special/new/original/novel about your work	1	
Presentation	Presentation skills: Presentation Layout, voice, relevancy, appearance, accurate time management (5 minutes), responding to questions	1	