

# **KAPI‘OLANI COMMUNITY COLLEGE**

## **COMPREHENSIVE INSTRUCTIONAL PROGRAM REVIEW**

**2016-2019**

### **OCCUPATIONAL THERAPY ASSISTANT PROGRAM**

#### **Associate in Science Degree**

**Mission Statement:** Kapi‘olani Community College provides students from Hawai‘i’s diverse communities open access to higher education opportunities in pursuit of academic, career, and lifelong learning goals. The College, guided by shared vision and values, and commitment to engagement, learning, and achievement, offers high quality certificate, associate degree, and transfer programs that prepare students for productive futures.

#### **Part I. Executive Summary**

Based upon the Executive Summary in 2014, the Occupational Therapy Assistant program has “improved [its] status since the previous ARPD.” No additional recommendations were made.

#### **Part II. Program Description**

##### **Mission**

The mission of the Occupational Therapy Assistant Program at Kapi‘olani Community College is in accordance with that of the University of Hawai‘i Community College System and the American Occupational Therapy Association (AOTA). Our mission is to:

- Provide open-access to a high quality, 21<sup>st</sup> century Occupational Therapy Assistant Program for best-qualified students from diverse cultures.
- Support the Occupational Therapy Program faculty’s commitment to being effective, ethical and caring educators and further develop their professional expertise.
- Specialize in the best practice application of Occupational Therapy professional knowledge and skills to prepare the student to qualify for the National Board for Certification in Occupational Therapy exam.
- Offer a program of study that prepares the student for ethical practice and rigorous employment standards to meet workforce demand in the field of Occupational Therapy.
- Develop partnerships with agencies, businesses and associations in the healthcare industry to facilitate clinical training, lifelong learning, and social responsibility of faculty and students.
- Participate in ongoing assessment of program outcomes, faculty effectiveness, student satisfaction, and industry feedback to initiate improvement and strive for our goal of excellence in Occupational Therapy education.

## **History**

Occupational therapy (OT) is a widely-recognized health science profession that began in the early 1900's. Occupational therapy practitioners are concerned with the engagement by persons in meaningful areas. "Occupation" as defined in the *Occupational Therapy Practice Framework: Domain and Process* (OTPF) includes activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation. Occupational therapy education is grounded in a holistic perspective of health and wellness; a variety of factors and contexts contribute to health and wellness including physical, social, temporal, cultural, psychological, spiritual, and virtual environments. The two-fold belief that people are: (1) Intrinsically motivated to participate in occupations that influence their own health and (2) Have the ability to continuously adapt, learn, and function as independently as possible are core concepts. The profession of occupational therapy is unique, dynamic, and evidence-based; occupational therapy assessment, treatment planning, and implementation are focused on purposeful activity to support occupational performance of each individual in various contexts.

Occupational therapy assistants (OTA) work under the supervision of occupational therapists (OT) in traditional practice sites which may include acute and rehabilitation hospitals or long-term care facilities. Occupational therapy assistants may also work independently in a variety of positions which may include but are not limited to activity coordinators, health and wellness consultants, and adult day health directors. There are a variety of emerging areas of practice in occupational therapy in which occupational therapy assistants can become involved; see "Emerging Niche" sections on the American Occupational Therapy Association's (AOTA) website for details.

In the fall of 1973, Kapi'olani Community College accepted its first class of Occupational Therapy Assistant (OTA) students. Full accreditation of the Program by the Accreditation Council for Occupational Therapy Education (ACOTE) was achieved by the Fall of 1977. Since then, accreditation by ACOTE has been continuous. The last self-study was conducted in 2012 with approval status to continue for seven years; the next scheduled survey is between 2019 and 2020.

## **Program Description**

The two-year Occupational Therapy Assistant (OTA) Program at KCC is designed to provide open-access education to best-qualified students from diverse backgrounds and cultures. The OTA program at KCC provides training for not only Hawaii, but also the Pacific Basin. Education in the OTA program is based upon a foundation of human growth and development concepts. This design emphasizes an integrative, experiential, multi-sensory teaching approach beginning with developmental concepts with progression to more advanced, complex information and skills requiring critical thinking, advanced recall, and skilled application.

Program curriculum is based upon best evidence-based practices. Teaching methodologies and strategies are selected to facilitate learning, promote retention, and build critical thinking skills. Learning is a collaborative process requiring student engagement, use of technology, and peer teaching. The student's role in the learning process requires self-reflection, willingness to adapt and adjust, motivation to be involved in the community, investment in personal and professional development, and commitment to goal-setting and goal-keeping.

Graduates of the program are eligible to sit for the national certification examination for the occupational therapy assistant administered by the national Board for Certification in Occupational therapy (NBCOT). After successful completion of this exam, the individual will be a Certified Occupational Therapy Assistant (COTA). Recertification with NBCOT occurs every three years. Many states including Hawai'i require licensure in order to practice. Renewal of licensure is every-other year.

### **Admission Requirements**

The criterion for acceptance into the Occupational Therapy Assistant program is on a best-qualified, first-accepted rating system for (a) grades of completed prerequisites, (b) minimum prerequisite GPA of 2.75, (c) writing sample, and (d) oral interview. Selection is based on total qualifying scores in rank order from the highest until admission quota is reached. Applications are located online at the KCC website. All prerequisite courses must be completed by the application deadline. Students on probation, suspension or having a GPA below 2.0 at KCC are not eligible to apply. Priority selection is given to Hawai'i State residents; nonresidents will be considered after all qualified residents have been accommodated. A grade of "C" or higher must be maintained in all program requirements to continue in the programs. Transfer credit from accredited institutions requires KCC Department and Registrar approval.

### **Program Student Learning Outcomes and Skill Competencies**

Education at Kapi'olani Community College is outcome- and competency-based focusing on the student first. The OTA Program fully embraces this concept in the design of its course offerings. Upon successful completion of the Associate in Science degree in Occupational Therapy Assistant, the student should be able to:

1. Assimilate and relate the foundational content, basic tenets and theoretical perspectives of Occupational Therapy and apply the relevant knowledge to function competently in the profession.
2. Perform technical and clinical skills pertaining to safety, screening, evaluation, intervention, implementation and service delivery and assist with management of Occupational Therapy in order to function competently in the profession
3. Abide by the professional code of ethics, values, behaviors and responsibilities as required by standards established for Occupational Therapy Assistants.
4. Communicate and interact appropriately and effectively; including explaining the unique nature of Occupational Therapy to consumers, potential employers, colleagues, policymakers and other audiences.

5. Incorporate knowledge of multicultural perspectives into the practice of Occupational Therapy to meet the needs of diverse populations.
6. Use professional literature and recognize its implication for the practice of Occupational Therapy and the provision of services.

Skill development and competency testing is interspersed throughout the curriculum and are required for successful completion of courses and the program. They include but are not limited to:

- Activity Analysis
- Administration of Standardized Pediatric and Adult Evaluations
- Compensatory Activities of Daily Living Strategies
- Fabrication and Adjustment of Upper Extremity Orthoses: Resting-Hand, Thumb Spica, and Wrist Cock-Up
- Feeding Strategies and Techniques
- Functional Mobility: Canes, Crutches, and Wheeled/Pick-Up Walkers
- Functional Transfers: Bed, Wheelchair, Car, Toilet/Commode, and Tub/Shower
- Goniometry and Other Upper Extremity Assessments
- Group Leading: Mental Health and Physical Rehabilitation/Wellness
- High- and Low-Technology Adaptive Device Fabrication and Use
- Home Safety Evaluation and Modification
- Legislative Advocacy
- Manual Vital Sign Measurement
- Meal Preparation Evaluation
- Occupational Therapy Process: Evaluation, Goal-Setting, Intervention Planning, Intervention Implementation, and Documentation for Pediatric, Adult/Elderly, and Mental Health Patients
- Wheelchair Handling: Curbs, Ramps, and Inclines

### **Faculty and Staff**

All OTA Faculty are certified by NBCOT and/or are licensed in the State of Hawaii as required by law.

### **Full-Time Faculty.**

Tiffany Kawaguchi, OTD, BSOT, Program Director/Assistant Professor

Carol Paul-Watanabe, COTA, B.Ed., MPH, Academic Fieldwork Coordinator/Professor

### **Lecturers.**

Whitney Reigh Asao, OTR/L, OTD

Terryn Davis, OTR/L

Karen Lau, OTR/L, MOT

Alpheus Mathis, MPH, OTR/L

Man Wa Shing, OTR/L, OTD

Leslie Tamashiro, OTR/L, MSOT

Carol Yee, OTR/L, MPH, CHT

## **Advisory Board**

The Occupational Therapy Assistant Program's Advisory Committee meets once per year to provide input regarding curriculum, student preparation, and other matters. The committee consists of Program faculty, fieldwork educators, administrators, and graduates.

Pamela Anderson, COTA, Staff Therapist, Queen's Medical Center  
Konane Deryke, OTR, Senior Occupational Therapist, Rehabilitation Hospital of the Pacific  
Satoru Izutsu, Ph.D., OTR, Director of Admissions, John Burns School of Medicine  
Scott Murata, COTA, Staff Therapist, Hale Nani Rehabilitation and Nursing Center  
Jeannette Ing-Uemura, OTR, Branch Manager, Early Childhood Services Unit  
Jacquelynn LaPierre, COTA, Staff Therapist, Veteran's Administration – Mental Health Rehabilitation  
Bridget Panee, COTA, Executive Director, Special Education Center of Hawaii  
Avis Sakata, OTR, Occupational Therapy Manager, Straub Hospital  
Renee Sakata, COTA, Staff Therapist, Care Resources of Hawaii  
Sean Simmons, COTA, Activity Coordinator, Leahi Hospital

## **Community**

Partnerships with the community are vital to the integration of didactic learning and to further develop critical inquiry and clinical reasoning. Guest speakers and fieldtrips are coordinated with course material to provide examples of OT practice in the community that will enhance student learning.

## **Guest Speakers**

Pamela Anderson, COTA, Queens Medical Center – *Acute Care Consideration*  
Whitney Reigh Asao, OTR/L, REHAB Hospital – *Rehabilitation Strategies Post-Amputation*  
Verna Chinen, Department of Education – *Special Education Services in Hawaii*  
Kathy Crites-Lewis, ATP, Awakening Technologies of the Pacific – *Adaptive Switches*  
Terryn Davis, OTR/L, ALS Association – *Strategies with Bariatric Patients; Patients with ALS*  
Patricia Dukes, PhD, Loveland Academy – *Occupational Therapy in Educational Settings*  
Konane DeRyke, OTR/L, REHAB Hospital – *Neurovision Rehabilitation Strategies*  
Andrea Fong, OTR/L, Straub Hospital – *Burns Rehabilitation Strategies*  
Pono Fontes – *The Lived-Experience of Cerebral Palsy*  
Peggy Fye, OTR/L, Kuakini Hospital – *Manual Therapy Strategies*  
Ruth Giffard, COTA, Elders Elite – *Program Development for the Occupational Therapy Assistant*  
Heather Lauren Gomez, COTA – *The Experience of Parenting a Child with Special Needs*  
Melvea Hardy, MSW, Hawaii Youth Correctional Facility – *Emotional-Behavioral Challenges*  
Jason Hew, MDiv, Olivet Baptist Church – *Spirituality in Health Care*  
Phyllis Hormann, MDiv, Kaiser Hospital – *Death and Dying*  
Sarah Huntz, COTA, REHAB Hospital – *Specialty Certifications*  
Masako Imanishi, COTA – *The Experience of Parenting a Child with Special Needs*  
Eileen Itamoto-Gaza, OTR/L, Tripler Army Medical Center – *Application of the Framework*  
Vania Ito, DPT, OTR/L, REHAB Hospital – *Stroke Rehabilitation Strategies*  
Frank Lane, ATP, National Seating and Mobility – *Wheelchair Positioning Strategies*

Akira Kadomatsu – *The Lived Experience of Spinal Cord Injury*  
 Joni Kamiya, OTR/L, Pohai Nani Rehabilitation – *Professionalism and Fieldwork Expectations*  
 Kristin Kelly, Access Surf – *Adaptive Surfing*  
 Nalani Kunishige, OTR/L, REHAB Hospital – *Traumatic Brain Injury Rehabilitation Strategies*  
 Jeanne Kurita – *The Lived Experience of Stroke*  
 Curt Kuriu, CK Independent Builders – *Aging in Place*  
 Ken Mandler, BOCO, Shriners Hospital – *Orthotics*  
 Shelby McDonald, OTR/L, REHAB Hospital – *Professionalism*  
 Kimberly Naguwa, OTR/L, REHAB Hospital – *Professionalism*  
 James Nakada, COTA, CHART Rehabilitation – *Work Rehabilitation*  
 Dawn Nakamura, PT, REHAB Hospital – *Neurodevelopmental Treatment; Wheelchair Mobility*  
 Eydie Nakasone, OTR/L, Kapi‘olani Hospital – *Pediatric Feeding*  
 Bernice Oishi, COTA, Straub Hospital – *Functional Transfers*  
 Devin Otagaki, DPT, REHAB Hospital – *Wheelchair Positioning*  
 Robin Palama, CCC-SLP, REHAB Hospital – *Dysphagia Management*  
 Man Wa Shing, OTR/L, REHAB Hospital – *Orthopedic Rehabilitation Strategies*  
 Lisa Shott, OTR/L, Hawaii State Hospital – *Animal Assisted Therapy*  
 Sean Simmons, COTA, Leahi Hospital – *Occupational Therapy in Activity Programs*  
 Hilary Valentine, OTR/L, Manakai O Malama – *Wellness Programs*  
 Sandra Wataoka, OTR/L, CHART Rehabilitation – *Driver’s Rehabilitation*  
 Kari Whitaker, OTR/L, Queens Hospital – *Acute Care Considerations*  
 Kendra White – *The Lived Experience of Spinal Cord Injury and Parenting*  
 Jacob Wilson, COTA, Hale Nani Rehabilitation and Nursing Center – *Wellness Programs*  
 Scott Yasumoto, DPT, REHAB Hospital of the Pacific – *Functional Transfers*  
 Sheri Yasuna, PhD, Hawaii State Hospital – *Communicating with People who have Mental Illness*  
 Kim Young, PTA, REHAB Hospital – *Driver Rehabilitation*

**Fieldtrips:**

Assistive Technology Resource Center of Hawaii – *Assistive Technology in the Community*  
 Breakthrough Rehabilitation – *Physical Agent Modalities Experiential*  
 Diamond Head Clubhouse – *Community Outpatient Mental Health Services*  
 Hawaii State Hospital – *Forensic Hospitals and Occupational Therapy*  
 Hawaii State Capital – *Legislative Advocacy*  
 Ho‘omau Keola – *Culturally-Based, Non-Traditional Substance Abuse Treatment Services*  
 Honolulu Orthopedic Supply – *Orthotics Process*  
 Leahi Hospital – *Interventions with Elders in an Adult Day Health Program*  
 Learning Disability Association of Hawaii – *Interventions with Children with Learning Disorders*  
 Loveland Academy – *Interventions with Adolescents with Autism Spectrum Disorders*  
 Lunalilo Home – *Interventions with Elders Living in a Long-Term Care Facility*  
 Kahi Mohala – *Private Hospitals and Occupational Therapy*  
 Joy Fellowship at Kalihi Union Church – *Wellness Interventions with Elders*

Rehabilitation Hospital of the Pacific – *Driving Rehabilitation, Vision Clinic; Wheelchair Clinic*  
Manoa Care Cottages – *Private Long-Term Care Facilities and Activity Programs*  
Pearl City Nursing Home – *Non-Traditional Occupational Therapy Programs and Management*  
Special Education Center of Hawaii – *Interventions with Adolescents with Autism*  
Straub Hospital – *Occupational Therapy Services in Acute Care*  
Variety School – *Interventions with Children with Sensory Processing Disorders*  
Warrior Transition Unit – *Services for Service Members with Post-Traumatic Stress Disorder*

## **Resources**

Kauila 210 is utilized for OTA Program lecture-, lab-, and on-site fieldwork-based courses. As a result of space constraints, the OTA Program has also utilized Kauila 104 (RAD) and Kauila 109 (MEDA) for instruction for *OTA 111 – Foundations of Occupational Therapy, HTLH 118 – Therapeutic Interpersonal Skills, OTA 125 – Critique of Fieldwork, and OTA 249 – Professional Concepts.*

The Occupational Therapy Living Skills Lab includes a refrigerator, a stovetop and oven, a microwave oven, a bed, a shower, a toilet, and a tub. The Living Skills Lab includes adaptive equipment for feeding, bathing, dressing, and toileting as well as a tub transfer bench, one raised toilet seat, one shower chair, and five (5) front-wheeled walkers. Notably, the plumbing in the Living Skills Lab is not operational.

The Occupational Therapy Workshop includes two (2) work tables, a band saw, 12 wheelchairs, and a Valpar station. The Occupational Therapy On-site Clinic includes three (3) fixed therapy mats, a high-low therapy table, and various physical agent modalities stations including a fluidotherapy machine, a portable hydrocollator, an ultrasound unit, and two paraffin baths; several of the physical agent modality stations were donated to the Program by Breakthrough Rehabilitation. Classroom technology includes portable Smartboard, LCD projector, Elmo projector, seven (7) desktop computers, and two (2) laptop computers; technology has been acquired using program monies and funding from a Perkins grant.

The Program utilizes professional fees to maintain equipment and purchase additional supplies including but not limited to thermoplastic orthotic kits, leather lacing kits, reusable electrodes, gait belts, certification examination review materials and courses, subscriptions to clinical video libraries, goniometers, and stethoscopes.

The program also has a UH Foundation account.

## **Articulation Agreements**

The OTA Program does not have any articulation agreements at this time although preliminary discussion with the University of Hawaii's Kinesiology and Rehabilitation Science Program and Pacific University's Occupational Therapy Program was initiated in 2016.

## **Internships**

The program provides fieldwork opportunities in more than 60 traditional and/or emerging settings that are consistent with the curriculum design. Students complete at least 180 hours of fieldwork training during the academic portion of the Program and at least 640 hours of fieldwork training during the clinical portion of the Program.

## **Part III. Curriculum Revision and Review**

The following courses were reviewed during the previous three years:

- HLTH 118 – Therapeutic Interpersonal Skills
- OTA 110 – Introduction to Occupational Therapy
- OTA 111 – Foundations of Occupational Therapy
- OTA 112 – Pediatric Concepts
- OTA 112L – Pediatrics Lab
- OTA 119 – Therapeutic Activities
- OTA 125 – Critique of Fieldwork IA
- OTA 125 – Fieldwork IA
- OTA 161 – Mental Health Concepts
- OTA 161L – Mental Health Lab
- OTA 172 – Management Concepts
- OTA 224 – Elderly Concepts
- OTA 224L – Elderly Lab
- OTA 232 – Critique of Fieldwork IB
- OTA 233 – Fieldwork IB
- OTA 236 – Assistive Technology Concepts
- OTA 236L – Assistive Technology Lab
- OTA 237 – Physical Dysfunction
- OTA 237L – Physical Dysfunction Lab
- OTA 249 – Professional Concepts
- OTA 249L – Professional Concepts Lab
- OTA 270 – Fieldwork IIA
- OTA 271 – Fieldwork IIB

## **Part IV. Survey Results**

### **Student Satisfaction**

Since 2014, 41 students have graduated or are expected to graduate by summer 2016. Of the 41 students, 31 or 76% responded to exit interview surveys. Responses were ranked using a Likert scale as follows: 5 = Strongly Agree, 4 = Agree, 3 = Undecided, 2 = Disagree, and 1 = Strongly Disagree.

The following table shows the average score for each survey item:

The overall quality of the instruction from OTA program faculty was good.	4
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There were adequate opportunities for me to communicate and collaborate with OTA program faculty	4.5
The OTA program encouraged and provided practice and improvement of written communication skills	3.8
The OTA program encouraged and provided practice and improvement of oral communication skills	4.5
The OTA program improved my ability to comprehend and critically analyze literature related to best-practices in occupational therapy	4.2
The OTA program helped me to develop clinical reasoning skills through various activities including but not limited to lectures, discussions, reading and writing assignments, individual and group projects, and/or service learning opportunities.	4.2
The OTA program helped me engage in rational and civil discourse about complex topics pertaining to occupational therapy	4.1
The OTA program adequately prepared me for future practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, long-term care) and emerging practice areas (as defined by the program).	3.8
The OTA program curriculum prepared me to work competently with a variety of populations including, but not limited to, children, adolescents, adults, and elderly persons in areas of physical and mental health.	3.7

Since 2014, focus groups were conducted during the final week of the fourth semester; there were 41 participants in total. Students were asked various questions which included but are not limited to:

- Would you choose KCC's OTA Program again?
- How was the work environment?
- Which courses do you believe were **most** valuable to your preparation for Fieldwork, the certification examination, and future practice?
- Which courses do you believe were **least** valuable to your preparation for Fieldwork, the certification examination, and future practice?
- Which courses do you think should have been but weren't offered during the OTA Program?
- Do you feel prepared for Fieldwork?
- Do you feel prepared for the certification examination?

Would you choose KCC's OTA Program again?	Yes = 75%; No = 14%; Unsure = 11%
How was the work environment?	Good = 86%; Sufficient = 5%; Poor = 9%
Which courses do you believe were most valuable to your preparation for Fieldwork, the certification examination, and future	<i>HLTH 118 – Therapeutic Interpersonal Skills = 3%</i> <i>OTA 110 – Introduction to Occupational Therapy = 3%</i> <i>OTA 161161L – Mental Health Lecture/Lab = 10%</i> <i>OTA 237/237L – Physical Dysfunction Lecture/Lab = 39%</i>

practice?	<i>OTA 249L – Professional Concepts Lab = 42%</i>	
	Acute Care (Hawaii)	32%
Which believe to you Field exam pract	Long-Term Care (Hawaii)	43%
	Home Health (Hawaii)	1
	Acute Care (Mainland)	1
	Long-Term Care (Mainland)	2
	Graduate School	2
	Newly Certified (<3 months) and Actively Looking for Placement	3
	Unknown	1
	<i>OTA 249 – Professional Concepts = 10%</i>	
Which courses do you think should have been but weren't offered during the OTA Program?	Kinesiology = 20% Abnormal Psychology = 15% Clinical Documentation = 20% On-Site Clinic = 20% Physical Dysfunction Part I and Part II = 25%	
Do you feel prepared for Fieldwork?	Yes = 48%; Unsure = 33% ; No = 19%	
Do you feel prepared for the certification examination?	Yes = 37%; No but I will when I have time to study after Fieldwork = 56% ; No = 7%	

### Occupational Placement

Since 2014, per the reports generated by NBCOT, 16<sup>1</sup> KCC OTA graduates have passed the certification examination. Placement as certified occupational therapy assistants are as follows:

Since 2014, per verbal reports from graduates from the Class 2014 and 2015, six (6) students are employed in health-related positions but have not yet obtained certification as an occupational therapy assistant. These positions include skills trainer, mobility specialist, behavioral specialist, and activity coordinator. Some of the reasons for not taking the certification exam include examination cost (i.e. \$500), fear of failing, and not having enough time to study. The students who are expected to graduate in the summer of 2016 are actively completing fieldwork requirements and are not eligible for employment. In total, there are 27 students from the Class of 2014 and Class of 2015 who are eligible to work. Of the 27 students, 13 or 48% are employed as certified occupational therapy assistants or in health-related positions and 2 or 7% are attending graduate school. Contact has not been maintained with 12 of these 27 students.

### Employer Satisfaction

Phone calls were made to seven (7) local employers of graduates who are working certified occupational therapy assistants to determine employee satisfaction. Responses to questions were ranked using a Likert scale as follows: 5 = Strongly Agree, 4 = Agree, 3 = Undecided, 2

<sup>1</sup> Please note that some of these certificants graduated prior to 2014.

= Disagree, and 1 = Strongly Disagree. In the final question, employers had the opportunity to rate the employee using the following scale: 4 = Outstanding/Excellent, 3 = Very Good, 2 = About Average, and Below Average. The following table shows the average score for each survey item:

<b>Communication and Therapeutic Use of Self.</b> Establishes and maintains effective relationships with consumers and clients; establishes and maintains effective relationships with colleagues, demonstrates an appreciation of cultural context in all aspects of work; demonstrates professional behavior and ethical practice; effectively describes/communicates about occupational therapy with a variety of persons.	4
<b>Learning and Problem Solving.</b> Demonstrates effective problem solving skills in response to changes and challenges; actively engages in learning opportunities appropriate to the work context; incorporates new learning/research information in work performance.	4.3
<b>Treatment/Intervention Procedures.</b> Implements effective intervention strategies; involves the individual/client/consumer in determining the goals of intervention; involves, when appropriate, the individual's significant others in treatment sessions and discharge planning; effectively documents client performance.	2.7
<b>Overall Rating in Comparison to All Other COTAs of Similar Years of Experience</b>	2.6

### Persistence

Since 2014, the average persistence rate for the OTA Program is 76%. Attrition is related to personal or financial reasons including marital discord, illness, and debt, professional behaviors including inappropriate conduct at fieldwork and academic dishonesty, and incomplete requirements including not passing support courses and/or OTA Program courses.

	<b>Number Admitted</b>	<b>Number Graduated or Expected to Graduate</b>	<b>Reason(s) for Withdrawal or Dismissal</b>
<b>Class of 2014</b>	18	12 (67%)	Personal/Financial = 4 Professional Behaviors = 1 Incomplete Requirements = 1
<b>Class of 2015</b>	17	15 (88%)	Professional Behaviors = 1 Incomplete Requirements = 1
<b>Class of 2016</b>	19	14 (77%)	Personal/Financial = 1 Academic = 1 Professional Behaviors = 3

### Part V. Quantitative Indicators for Program Review

ARPD Report Year	Program Demand	Efficiency	Effectiveness
2013	Unhealthy	Healthy	Cautionary
2014	Healthy	Healthy	Cautionary
2015	Unhealthy	Healthy	Healthy

Link to 2013 ARPD Data:

<http://www.hawaii.edu/offices/cc/arpd/instructional.php?action=quantitativeindicators&year=2013&college=KAP&program=78>

Link to 2013 ARPD Data:

<http://www.hawaii.edu/offices/cc/arpd/instructional.php?action=quantitativeindicators&year=2013&college=KAP&program=78>

Link to 2015 APRD Data:

<http://www.hawaii.edu/offices/cc/arpd/instructional.php?action=quantitativeindicators&year=2015&college=KAP&program=78>

## Part VI. Analysis of the Program

### Alignment with Kapi’olani Community College’s Mission

#### **The Occupational Therapy Assistant Program is culturally diverse.**

Of the 41 students that have graduated or are expected to graduate in 2016, 28 or 68 percent identify themselves as Asian, Hawaiian/Pacific Islander, and/or Hispanic. “Nontraditional students,” as broadly defined by characteristics including older than typical age, being independent of parents, working part- or full-time while enrolled, having dependents including aged parents, and being a single parent, account for a substantial proportion of the population of the Program students. Out of 41 Program graduates, 28 or 68 percent have one or more of the characteristics that describe nontraditional students. Of note is that eight students have served or currently serve in the military and seven are spouses of military service members. Moreover, six (6) students have International origins including Japan, Taiwan, and Philippines; 14 students have origins from the Continental United States.

#### **The Occupational Therapy Assistant Program offers a nurturing environment with open and effective communication.**

Ratings via the employer and graduate satisfaction survey for the past three years is evidence of the Program’s effectiveness in promoting and developing communication skills. Over the last three (3) years, the average score for items pertaining to communication on the American Occupational Therapy Association’s (AOTA) Fieldwork Performance Evaluation (FWPE) used for level II fieldwork (i.e. questions #18 and 19) was 3.41. On the FWPE, each question is rated one (1) to four (4), one being the lowest score and four (4) being the highest score; a score of three indicates that standards are being “met” and a score of four indicates that standards are “exceeded.”

**The Occupational Therapy Assistant Program strives to provide the highest quality education and training to prepare students to meet critical workforce needs.**

Over the last three years, changes have been made to admission requirements, teaching assignments, instructional methods, course assessments, and fieldwork experiences. As a result, student performance has significantly improved as evidenced by the number of students scoring above the national average on the Occupational Therapy Knowledge Examination (OTKE), a practice certification examination, prior to fieldwork II experiences. Students are also passing the National Board for Certification in Occupational Therapy (NBCOT) exam with high averages than in previous years. Please see table below:

<b>Certification Year</b>	<b>Average Passing Score</b>
2011	477
2012	486
2013	295
2014	500
2015	501

**The Occupational Therapy Assistant Program prepares students for lives of ethical and social responsibility by offering opportunities for increased service learning and community engagement.**

*HTLH 118 – Therapeutic Interpersonal Skills* recently became a prerequisite course for the OTA Program. In *HLTH 118*, students are required to engage in service learning. Throughout the Program, students also engage in service learning in different didactic courses including *OTA 112L – Pediatrics Lab*, *OTA 161L – Mental Health Lab*, *OTA 224L – Elderly Concepts Lab*, *OTA 237 – Physical Dysfunction*, and *OTA 249L – Professional Concepts Lab*. Service learning has occurred with the following community partners as a result of these courses:

- Boys & Girls Club of Hawaii - Hale Pono Ewa Beach Clubhouse
- Diamond Head Clubhouse
- Easter Seals
- Fisher House Tripler Medical Center
- Hale Ku'ike
- Hi'olani Care Center at Kahala Nui
- Ho'omau Keola
- HUGS (Help, Understanding & Group Support)
- Islands Hospice Respite Support
- Kaimuki High School
- Kawananakoa Middle School
- Kūhio Elementary School - Reading is Fun!
- Lanakila Pacific TLC (Teaching and Learning Center)
- Lē'ahi Hospital
- Lē'ahi Sensory Stimulus Garden
- Maunalani Nursing and Rehab Center

Palolo Chinese Home  
Salvation Army Therapeutic Nursery and Diamond Head Preschool  
Warrior Transition Battalion

In 2015, the Occupational Therapy Assistant Program was awarded a Federal grant which allowed for the development of an on-site teaching clinic which is equipped with a simulated home environment, therapeutic activity spaces, and developing assistive technology that creates opportunities for students to experience the entire occupational therapy process while providing free, quality health care to clients living in the community. At present, the teaching clinic provides services to six clients with neurological impairments secondary to stroke, cerebral palsy, and spinal cord injury.

### **Current Situation: Internal**

The overall rating of “Cautionary” for the overall health of the Occupational Therapy Assistant Program via the ARPD reports in 2013 and 2015 is inconsistent with the annual program assessment of program demand, program efficiency, and program effectiveness. Each Perkins indicator is analyzed with expanded data and/or information below.

### **Program Demand**

The Annual Report of Program Data (ARPD) report utilizes the number of declared majors as the numerator and the number of new and replacement County positions as the denominator to determine a score related to the demand-related health of a program. While the OTA program’s demand has been deemed “unhealthy” in the ARPD in 2013 and 2015 and thus suggests uncertainty in meeting the employment needs of graduates, a different perspective of the phenomenon is offered with expanded data. The number of new and replacement prorated positions do not reflect positions for occupational therapy assistants in the Federal, private, and/or contracted sector of practice. In November 2015, recruitment for 16 full-time positions for certification occupational therapy assistants were posted online; these positions are listed by private hospitals, long-term care facilities, Federal programs, and contracted agencies. If these 16 positions are combined to the five (5) County positions, the actual new and replacement positions at present is 21. In other words, the adjusted numerator for “Demand” is 21.

Between 2014 and 2015, the number of students who declared OTA majors increased from 32 to 39. Notably, this enrollment phenomenon that the OTA Program experienced is not unlike that experienced nationally. According to AOTA (2014), the enrollment in occupational therapy assistant programs across the nation has nearly doubled since 2007. At present, there are 14 students that are expected to graduate in the summer of 2016 and 15 students who are expected to graduate in the summer of 2017. The actual number of program-enrolled students who are considered to be OTA majors is 29 which is less than the reported 39. To more accurately calculate demand over a given year, the number of majors must be recalculated utilizing one (1) cohort of students in the Program versus two (2). For 2016, the adjusted denominator must be 14. When the demand for the OTA program is re-calculated using the adjusted numerator and adjusted denominator (i.e. 21/14), the benchmark score is

approximately 1.5. According to the Career Technical Education Programs Scoring Rubric (2015), a benchmark score above 0.75 indicates that the program demand is “healthy.”

The findings of Hawaii’s Workforce Development Council (WDC) in 2011 are similar to the demand findings of this ARPD report. That is, in the State of Hawaii, “there is a need to fill in immediate shortages in areas such as . . . occupational therapy” (WDC, 2011, p. 25). Moreover, one of the recommendations made by the WDC (2011) was to “determine where courses and programs are needed and offer or continue distance learning academic components where feasible” (p. 26).

The number of applications for the OTA program continues to increase annually. For the OTA program that began in the fall semester of 2015, there were a total of fifty-two (52) candidates who applied for sixteen (16) seats<sup>2</sup>. The U.S. Department of Labor’s (2012) study also supports the increasing demand for OTAs:

Employment of occupational therapy assistants is expected to increase 43 percent from 2010 to 2020, much faster than the average for all occupations. Demand for occupational therapy is expected to rise significantly over the coming decade in response to the health needs of the aging baby-boom generation and a growing elderly population. Older adults are especially prone to conditions such as arthritis that affect their everyday activities. Occupational therapy assistants and aides will be needed to assist occupational therapists in caring for these people. Occupational therapy will also continue to be used for treating children and young adults with developmental disabilities like autism. Demand for occupational therapy assistants is also expected to come from occupational therapists employing more assistants to reduce the cost of occupational therapy services. After the therapist has evaluated a patient and designed a treatment plan, the occupational therapy assistant can provide many aspects of the treatment that the therapist prescribed (Job Outlook section).

Moreover, according to AOTA (n.d.):

The American Hospital Association’s Commission on Workforce for Hospitals and Health Systems found in a 2002 report that hospitals were experiencing shortages in occupational therapy personnel. Demand for occupational therapy services in early intervention programs and in schools for children with disabilities served under the federal Individuals With Disabilities Education Act remains strong. Newly emerging areas of practice for occupational therapists related to the needs of an aging population are increasing demand for services.

Certification and employment updates of graduates from the Class of 2014 and Class of 2015 are promising. As previously stated, of the twenty-seven (27) graduates, 13 or 48% are employed as certified occupational therapy assistants or in health-related positions and 2 or 7% are attending graduate school.

## **Program Efficiency**

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<sup>2</sup> The fill-rate for each program cohort is 16 students.

The efficiency indicators in the ARPD from 2013-2015 show that the program was consistently “healthy.” The average class size, fill rate, and number of majors have steadily increased since 2011. The student to faculty ratio is calculated by the number of Majors divided by the number of Full Time, Board of Regents-Appointed Faculty and is scored as “healthy” in 2015. In 2015, the OTA program consisted of two (2) full-time faculty members including the Program Director and the Academic Fieldwork Coordinator, as well as five (5) part-time lecturers.

It is notable that the open-enrollment courses including *OTA 110*, *HLTH 118*, and *OTA 119* are not fully reflected in the program efficiency report. There are approximately 20 students enrolled in these aforementioned courses; in this case, the enrollment rate is greater than the calculated fill rate shown in the ARPD report. A Certificate of Competence of Activity Aide is awarded to students who successfully complete the *HLTH 118* and *OTA 119* courses.

**Program Effectiveness**

In the ARPD from 2013-2014, program effectiveness was “cautionary.” In the most recently ARPD in 2015, the program effectiveness improved in status to “healthy.” In the 2015 report, the number of unduplicated degrees and certificates increased from 38 to 32. Effectiveness is determined by the number of unduplicated degrees and certificates divided by the number of majors (i.e. 32/39). It should be noted that the actual effectiveness of the OTA Program should be calculated using the number of AS in OTA degrees awarded in 2014-2015 (i.e. 14) as the adjusted numerator and the number of enrolled second-year OTA majors who were progressing towards graduation in the spring of 2015 (i.e. 17) as the adjusted denominator. Using the CTE Programs Scoring Rubric, the OTA Program effectiveness would continue to be “healthy” but would reflect a more accurate figure (i.e. 87.5%).

Effectiveness is also calculated by looking at the persistence of majors from fall to spring in the same major. For the current evaluation period, the persistence of majors from fall to spring is 100% and thus, “healthy.” Persistence from fall to fall decreased during this evaluation period as a result of student dismissals related to professional behaviors including repeated absences and/or tardy arrivals as well as academic dishonesty. Professional behavior is the expectation of the profession as well as the industry.

Finally, the OTA program was reaccredited by the Accreditation Council for Occupational Therapy (ACOTE) for seven (7) years. According to the ACOTE Report of On-Site Evaluation (ROSE) in 2012, the OTA program’s strengths include but are not limited to: (1) Providing “students with a broader and more realistic educational experience by bringing current, real-world examples to the classroom,” (2) “Introducing students to various traditional and emerging practice areas . . . result[ing] in graduates that are better prepared to enter a diverse workforce,” and (3) “Enthusiastic support of the profession, community involvement, and commitment to lifelong learning.”

**Perkins Indicators.**

ARPD	Technical	Completion	Student	Student	Non	Non
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Report Year	Skill Attainment		Retention or Transfer	Placement	Traditional Participation	Traditional Completion
2013	Met	Met	Met	Not Met	Met	Not Met
2014	Met	Met	Met	Not Met	Met	Met
2015	Met	Met	Met	Not Met	Met	Met

Between 2013 and 2016, the Perkins indicator of *Student Placement* was consistently unmet. This finding is expected as students who have stopped OTA Program participation do not typically do so because of employment, military service, and/or apprenticeship programs. As discussed below in the *Current Situation: External* section, students withdraw from or are dismissed from the OTA Program for reasons relating to academic performance (i.e. earning less than a grade of “C” for a course), professional behaviors (i.e. academic dishonesty, lack of safety awareness and communication skills, and/or attendance/punctuality), and personal health/financial issues.

### **Current Situation: External**

The Occupational Therapy Assistant Program commitments are aligned with Kapi’olani Community College’s Strategic Plan for 2015 to 2021 as follows:

- To improve student achievement
- To grow student enrollment
- To prepare students for productive futures
- To create 21<sup>st</sup> Century 3<sup>rd</sup> decade facilities

### **Student Achievement**

Over the last three years, the average persistence rate for Occupational Therapy Assistant Program majors was 76%. While this is lower than the national average of 85% for accredited occupational therapy assistant programs in the United States (AOTA, 2014), in cases where attrition was due to academic performance and/or professional behaviors rather than personal health/financial issues, student dismissals and/or withdrawals only occurred with rigorous due-process involving Program faculty and Health Science counselors. Communication and advising with students about performance and conduct—both positive and negative—is consistent and ongoing as a result of the OTA Program’s commitment to industry standards of competency and professionalism that have been set-forth by ACOTE and reinforced via discussion with fieldwork educators, Advisory Board members, and professional mentors using the AOTA Program Director and Academic Fieldwork Coordinator ListServs.

Recent Program action to address persistence and degree completion rate have included the following:

1. Revision of admission criteria to include minimum grade-point averages, interviews, writing samples, and completion of prerequisite courses which include anatomy and

physiology lab preparation and service-learning via the *HLTH 118 – Therapeutic Interpersonal Skills*

2. Addition of faculty advising sessions which occur intermittently throughout the academic year with small groups of students to further develop communication and camaraderie between and among faculty and students. These advising sessions occur in addition to individual advising sessions with the Program Director biannually.
3. Development of an on-site teaching clinic which specifically addresses areas of need for OTA students including administration of assessments, establishment of goals, and planning of interventions in a structured and supervised setting from the first-year of the Program Addition of faculty advising sessions which occur intermittently throughout the academic year with small groups of students to further develop communication and camaraderie between and among faculty and students. These advising sessions occur in addition to individual advising sessions with the Program Director biannually.

### **Student Enrollment.**

Over the last three years, the OTA Program has admitted beyond the required fill quota of 16 students. Admission is as follows:

<b>Year</b>	<b>Number of Students Admitted to Fall Cohort</b>
2013	18
2014	17
2015	19

While the OTA Program has adhered to the Board of Regent policy which gives priority to all Hawaii residents for admission, the Program has also extended admission beyond the required fill quota to retired military service members and/or military dependents, International students, and/or non-residents from the Pacific Islands in an attempt to grow and diversify enrollment. While the demand for occupational therapy education continues to increase locally and nationally, a limiting factor for OTA Program admissions is fieldwork education opportunities. Although the Program has more than 60 agreements with fieldwork sites in Hawaii and on the mainland, the ongoing challenge over the last three (3) years has been securing training placements with educators who face changing facility protocols specifying licensed therapist to student and assistant ratios, productivity quotas, and overall increased work demands.

### **Student Preparation.**

As the only educational program for occupational assistants in the state, the OTA program at KCC strives to prepare students for productive futures by engagement in innovative project opportunities including service learning and on-site clinical training, comprehensive fieldwork experiences, and a curriculum designed to develop professional reasoning skills, documentation skills, and interpersonal communication skills. Students engage in more than

820 hours of uncompensated fieldwork training which ultimately serves individuals in the community whose life patterns and engagement in meaningful activities have been altered as a result of various life experiences involving disability, condition, injury, illness, lifestyle, and/or environment. Since 2014, every OTA has provided service to the community by offering supervised, pro-bono occupational therapy services via the on-site teaching clinic and through various courses including *OTA 112L – Pediatrics Lab*, *OTA 161L – Mental Health Lab*, *OTA 224L – Elderly Concepts Lab*, *OTA 237 – Physical Dysfunction*, and *OTA 249L – Professional Concepts Lab*.

### **21<sup>st</sup> Century 3<sup>rd</sup> Decade Facilities.**

The recently developed on-site teaching clinic affords OTA students a 21<sup>st</sup> Century therapy environment in which they can observe, learn, and practice the occupational therapy process. Teaching of these processes and subsequent skills is facilitated by new technology including laptop/desktop computers and a SMART board plus standard pieces of clinical equipment (i.e. Hi-Lo Platform Mat, parallel bars, therapy wedges/bolsters, and software for clinical documentation); all of these items were recently procured using C3T and Perkins grant monies.

### **Assessment Results for Program Learning Outcomes (PLO's)**

The OTA Program Student Learning Outcomes (PSLO's) were assessed annually between 2013 and 2016. PSLO's will continue to be assessed annually for the foreseeable future.

PSLO's were assessed using the American Occupational Therapy Association's (AOTA) Fieldwork Performance Evaluation (FWPE) form. The FWPE is the industry-standard tool which is utilized to measure entry-level performance of OT and OTA students during their final clinical rotations. AOTA's FWPE consists of twenty-five questions; each question is rated one (1) to four (4), one being the lowest score and four (4) being the highest score. AOTA requires a minimum score of 70 for students to pass their Fieldwork Level II rotations.

The OTA program utilizes the FWPE in two capstone courses, *OTA 270* and *OTA 271*, also known as "Fieldwork Level IIA" and "Fieldwork IIB." Fieldwork Level IIA/B consists of two (2) full-time, eight-week rotations in various areas of practice in which students offer occupational therapy services under the supervision of qualified occupational therapists (OT). PSLOs and corresponding FWPE items are as follows:

### **SLO #1: Assimilate and relate the foundational content, basic tenets and theoretical perspectives of Occupational Therapy and apply the relevant knowledge to function competently in the profession.**

**FWPE Item #4:** Occupational Therapy Philosophy – Clearly communicates the values and beliefs of occupational therapy, highlighting the use of occupation to clients, families, significant others, and service providers.

**FWPE Item #5:** Occupational Therapist/Occupational Therapy Assistant Roles – Communicates the roles of the occupational therapist and occupational therapy assistant to clients, families, significant others and service providers.

**SLO #2: Perform technical and clinical skills pertaining to safety, screening, evaluation, intervention, implementation and service delivery and assist with management of Occupational Therapy in order to function competently in the profession.**

FWPE Item #2: Safety - Adheres to safety regulation. Anticipates potentially hazardous situations and takes steps to prevent accidents.

FWPE Item #3: Safety - Uses sound judgment in regard to self and others during all fieldwork-related activities.

FWPE Item #7: Gathers Data – Under the supervision of and in cooperation with the occupational therapists and/or occupational therapy assistant, accurately gathers information regarding a client’s occupation of self-care, productivity, leisure, and the factors that support and hinder occupational performance.

FWPE Item #8: Administers Assessments – Establishes service competence in assessment methods, including but not limited to interviews, observations, assessment tools, and chart reviews within the context of the service delivery setting.

FWPE Item #9: Interprets – Assists with interpreting assessments in relation to the client’s performance and goals in collaboration with the occupational therapist.

FWPE Item #10: Reports – Reports results accurately in a clear, concise manner that reflects the client’s status and goals.

FWPE Item #11: Establish Goals – Develops client-centered and occupation-based goals in collaboration with the occupational therapist.

FWPE Item #12: Plans Intervention – In collaboration with the occupational therapist, establishes methods, duration, and frequency of interventions that are client-centered and occupation based. Intervention plans reflect context of setting.

FWPE Item #13: Selects Intervention – Selects and sequences relevant interventions that promote the client’s ability to engage in occupations.

FWPE Item #14: Implements Intervention – Implements occupation-based interventions effectively in collaboration with clients, families, significant others, and service providers.

FWPE Item #15: Activity Analysis – Grades activities to motivate and challenge clients in order to facilitate progress.

FWPE Item #16: Therapeutic Use of Self – Effectively interacts with clients to facilitate accomplishments of established goals.

FWPE Item #17: Modifies Intervention Plan – Monitors the client’s status in order to update, change, or terminate the intervention plan in collaboration with the occupational therapist.

**SLO #3: Abide by the professional code of ethics, values, behaviors and responsibilities as required by standards established for Occupational Therapy Assistants.**

FWPE Item #1: Ethics- adheres consistently to the AOTA Code of Ethics and site’s policies and procedures.

FWPE Item #20: Self Responsibility - Takes responsibility for attaining professional competence by seeking out learning opportunities and interactions with supervisor(s) and others.

FWPE Item # 21: Responds to Feedback – Responds constructively to feedback.

FWPE Item # 22: Work Behaviors – Demonstrates consistent work behaviors including initiative, preparedness, dependability, and works site maintenance.

FWPE Item #23: Time Management – Demonstrates effective time management.

FWPE Item # 24: Interpersonal Skills – Demonstrates positive interpersonal skills including but not limited to cooperation, flexibility, tact, and empathy.

**SLO #4: Communicate and interact appropriately and effectively; including explaining the unique nature of Occupational Therapy to consumers, potential employers, colleagues, policymakers and other audiences.**

FWPE Item #18: Verbal/Nonverbal Communication – Clearly and effectively communicates verbally and nonverbally with clients, families, significant others, colleagues, service providers and the public.

FWPE Item # 19: Written Communication – Produces clear and accurate documentation according to site requirements. All writing is legible, using proper spelling, punctuation, and grammar.

**SLO #5: Incorporate knowledge of multicultural perspectives into the practice of Occupational Therapy to meet the needs of diverse populations.**

FWPE Item # 25: Cultural Competence – Demonstrates respect for diversity factors of others including but not limited to socio-cultural, socioeconomic, spiritual, and lifestyle choices.

**SLO #6: Use professional literature and recognize its implication for the practice of Occupational Therapy and the provision of services.**

FWPE Item #6: Evidenced-Based Practice - Makes informed practice decisions based on published research and relevant informational resources.

Using the analysis from the APRD report submitted for 2015, FWPE scores for 16 students from the Class of 2015 were evaluated; please refer to the table (below) for the distribution of scores given to students by their Fieldwork Level II educators. Notably, three (3) clinical rotations were not scored due to student dismissals<sup>3</sup> and as a result, are not reflected in the aggregated results of program assessment.

SLO	#1	#2	#3	#4	#5	#6
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<sup>3</sup> Student dismissals from Fieldwork II training occurred as a result of safety issues and professional behaviors; all three (3) occurred in traditional rehabilitation settings which provide physical rehabilitation services.

FWPE ITEM	SCORE			
	Unsatisfactory (1)	Needs Improvement (2)	Meets Standards (3)	Exceeds Standards (4)
4	0%	0%	55%	45%
5	0%	0%	55%	45%
2	0%	0%	41%	59%
3	0%	0%	45%	55%
7	0%	4%	59%	41%
8	0%	7%	72%	21%
9	0%	3%	76%	21%
10	0%	3%	55%	41%
11	0%	4%	72%	21%
12	0%	0%	52%	48%
13	0%	0%	48%	52%
14	0%	7%	48%	45%
15	0%	7%	31%	62%
16	0%	0%	34%	66%
17	0%	10%	52%	38%
1	0%	3%	14%	79%
20	0%	3%	7%	90%
21	0%	3%	18%	89%
22	0%	0%	14%	86%
23	0%	3%	24%	73%
24	0%	8%	24%	76%
8	0%	0%	54%	45%
9	0%	3%	52%	45%
5	0%	0%	14%	86%
6	0%	3%	66%	31%

The average score received for each Program Student Learning Outcome is as follows:

PSLO	Average Score
1	3.4
2	3.4
3	3.8
4	3.4
5	3.9
6	3.3
<b>Average Total Score</b>	<b>87.6</b>

Overall, the average total score for the FWPE as well as the average individual FWPE item scores met industry standards and expectations. That said, the OTA Program examined the FWPE items in which the cohort scored the lowest averages.

FWPE Item	Average Score
#8 - Administering Assessments	3.1
#9 – Interprets Assessments	3.2
#11 – Establish Goals	3.1

While students address these three (3) areas of practice in didactic lecture and laboratory courses, students often struggle with the transition of applying skills learned in simulated settings with peers and instructors to actual clinical settings with patients and Fieldwork Educators. Anecdotal evidence from fieldwork educators provided in the written comment section of the FWPE echo these findings. Per fieldwork educators, challenges for students include:

- Seeing the ‘whole picture’ of the occupational therapy process
- Completion of components parts of an assessment that examined range of motion, sensory and visual-perception, strength, and cognition
- Sequencing activity (i.e. “flow of treatment”)
- Grading tasks with consideration of treatment goals
- Communicating and collaborating with the occupational therapist about assessments based upon performance and goals
- Knowing when to assist and when to allow patient to perform independently
- Having alternate plans for a session

In response to these quantitative and qualitative findings, an on-site clinic was proposed to expose and develop students from their first-year of the Program to the delivery of professional, efficient, and clinically-reasonable occupational therapy services.

## **Part VII. Tactical Action Plan: 2016-2019**

### **Action Plan for Student Enrollment and Achievement**

#### **Strategies for Improvement.**

- Implement best-qualified, first accepted admission procedures for entry into the Program for fall 2016
- Modify new student orientation with Health Sciences counselors to include information about available support services and resources
- Continue with modified advising practices using Program faculty and Health Sciences counselors
- Utilize Learning Center and Student Support Services as resources to facilitate time management, study strategies, and appropriate use of resources to prevent academic dishonesty that stems from procrastination and multiple pressing deadlines
- Explore best-practices for communicating with, engaging, and instructing Millennial and Generation “Z” students
- Increase and diversify fieldwork training opportunities for students, thereby creating opportunities for increased student enrollment over time
- Provide on-going training to fieldwork educators pertaining to student supervision and mentoring
- Explore professional incentives for fieldwork educators as a gesture of gratitude for annual training fieldwork students
- Guarantee admission interviews to at least three (3) students from the special populations (i.e. high school graduates, returning adult learners, GED completers, Native Hawaiian/Filipino/Pacific Islander, and/or International student) identified by Kapi’olani Community College

**Performance Measure.**

- Between 2016 and 2019, the Occupational Therapy Assistant Program will recruit at least 18 students per cohort and retain at least 80% of these diverse, high-caliber students who will be competent and ethical professionals that positively impact health care in their communities.

**Data Gathering.**

- Report on *Program Efficiency* in the Annual Report of Program Data
- Positive responses on exit interviews
- Positive responses on lecturer self-evaluation forms

**Positions Responsible.**

- Program faculty
- Health Sciences counselors

**Synergies with Other Programs/Units, Emphases, and/or Initiatives.**

- Other Health Sciences programs (i.e. Affiliation Agreements)
- Kapi'olani Community College administration (i.e. Professional Incentives; Affiliation Agreements)
- Learning Center faculty (i.e. Guidance/Education)
- Student Support faculty (i.e. Guidance/Education)

**Key Community Partners.**

- Current and prospective fieldwork educators and sites

**Action Plan for Student Preparation****Strategy for Improvement.**

- Revise curriculum to more closely align with the Accreditation Council for Occupational Therapy Education's requirements and reflects updates to information, approaches, and practices in the occupational therapy profession. Curricular revisions also respond to performance needs of students pertaining to the engagement in the occupational therapy process including assessment, goal development, intervention planning, and intervention grading and modification. Proposed revisions include but are not limited to:
  - Remove of the Certificate of Completion for Activity Aide as *OTA 119 – Therapeutic Activities* will be converted from an open-enrollment course to an OTA Major only course
  - Convert *OTA 110 – Introduction of Occupational Therapy* to an OTA Major only course; rename to *Foundations of Occupational Therapy*
  - Move *OTA 161 – Mental Health Concepts* and *OTA 161L – Mental Health Lab* to the first semester of the Program
  - Revamp *OTA 119 L/L – Therapeutic Interventions* class to an on-site clinic that addresses the occupational therapy process with persons with mental health needs

- Create corresponding on-site clinic courses for each semester of the academic program to focus on pediatrics, adult physical dysfunction, and elderly populations; each course will be structured as a lecture/lab that meets for four (4) hours per week.
- Add *Functional Kinesiology in Occupational Therapy* course in the second semester of the Program
- Add a credit to the *OTA 126 – Critique of Fieldwork IA* course and a credit in the *OTA 233 – Critique of Fieldwork IB* so that clinical documentation can be thoroughly introduced and developed through the academic portion of the Program.
- Combine *OTA 236 – Assistive Technology Concepts* with *OTA 236L – Assistive Technology Lab* to create a lecture/lab
- Remove *OTA 172 – Management Concepts* and addressing course concepts in *OTA 249 – Professional Concepts*.
- Extend *OTA 224 – Elderly Concepts*, *OTA 224L – Elderly Concepts Lab*, *OTA 249 – Professional Concepts*, and *OTA 249L* from 10-weeks to 12-weeks to meet learning needs of students
- Move *OTA 270 – Fieldwork IIA* to the summer; utilize a POT code for the course as it would start in the spring semester but conclude in the summer.
- Convert 9-month Academic Fieldwork Coordinator position to an 11-month position to accommodate proposed changes in the OTA curriculum. At present, fieldwork supervision during the summer occurs between May and July. In the proposed curricular revisions, fieldwork supervision during the summer would occur between May and August; *OTA 270 – Fieldwork IIA* would technically become a summer course with dates between April and June. *OTA 271 – Fieldwork IIB* would be offered for mid-June to the beginning of August. By sharing these capstone fieldwork courses, *OTA 270 – Fieldwork IIA* and *OTA 271 – Fieldwork IIB*, supervision of fieldwork is consistently provided in addition to allowing coordination between the Program Director and the Academic Fieldwork Coordinator for use of accrued leave as appropriate.
- Allocate funding for lecturers for additional sections of on-site teaching clinics each semester as a part of proposed curricular changes.
- Assign additional classroom space for lecture sections of OTA courses during the fall and spring semesters as needed due to the increased hours of instruction being conducted with the proposed curricular changes.
- Provide professional development opportunities, particularly in instructional methods and technologies, to faculty to better meet changing learning styles and needs of students in the 21<sup>st</sup> century.

### **Performance Measure.**

All OTA graduates will demonstrate competency in the roles and activities required of a highly effective entry-level certified occupational therapy assistant as evidenced by scoring at least 80% on all skill competency exams, 75% on course final examinations, 70% on the Fieldwork Performance Evaluations (FWPE), and 60% on the Occupational Therapy Knowledge Evaluation (OTKE) test while providing excellent service to the community, including the college, and local and national occupational therapy organizations.

**Data Gathering.**

- Skill competency exams
- Course final examinations
- Fieldwork Performance Evaluations
- OTKE scores
- Report on *Program Effectiveness* in the Annual Report of Program Data
- Positive responses on exit interviews
- Positive responses on lecturer self-evaluation forms
- Positive responses on the patient evaluation survey from on-site teaching clinic

**Positions Responsible.**

- Program faculty

**Synergies with Other Programs/Units, Emphases, and/or Initiatives.**

- Department Chair, Dean, Curriculum Committee, Faculty Senate, Vice Chancellor of Academic Affairs, and ACOTE for curricular revisions
- Health Science counselors for publication of advising materials for prospective students with consideration of revised curriculum
- Collaboration with the Physical Therapist Assistant Program and the Kupuna Education Center to develop specific on-site clinic opportunities with pediatric, adult, and elderly populations
- University of Hawaii Community College administration for approval of fiscal needs to support proposed curricular changes including increased funding for lecturers and an upgraded position for Academic Fieldwork Coordinator.

**Key Community Partners.**

- Collaboration with current and prospective referral sources (i.e. ALS Association, Leahi Hospital Day Program, Diamond Head Clubhouse, Special Education Center of Hawaii, REHAB Hospital of the Pacific, etc.) for appropriate pediatric, adult, mental health, and elderly clients for the pro-bono on-site teaching clinic.

**Action Plan for Creating 21<sup>st</sup> Century Facilities****Strategy for Improvement.**

- Renovate the Occupational Therapy Living Skills Lab which includes:
  - Removal of the dishwasher
  - Installation of a washer/dryer
  - Installation of sink heater
  - Installation of a bidet
  - Installation of a hospital bed
- Procurement of a functional electrical stimulation system (i.e. Bioness H200 and L300)

**Performance Measure.**

Focus on areas of academic program growth as evidenced by renovating a functional Living Skills Lab that can be safely utilized by students and patients in the delivery of simulated

and/or real occupational therapy services via the on-site teaching clinic. Expand occupational therapy training and services with current technologies while creating opportunities for research capacities as evidenced by procurement of and training with the Bioness H200 and L300, a functional electrical stimulation system for hemiplegic and/or hemiparetic upper and lower extremities.

**Data Gathering.**

- Skill competency exams
- Course final examinations
- Fieldwork Performance Evaluations
- OTKE scores
- Report on *Program Effectiveness* in the Annual Report of Program Data
- Positive responses on exit interviews
- Positive responses on lecturer self-evaluation forms
- Positive responses on the patient evaluation survey from on-site teaching clinic

**Positions Responsible.**

- OTA Program Faculty
- KCC Administration for approval of funds
- Institutional Review Board for approval of research using H200 and L300

**Synergies with Other Programs/Units, Emphases, and/or Initiatives.**

- Physical Therapist Assistant Program for collaboration on research involving Bioness H200 and L300.

**Key Community Partners.**

- Bioness, Inc.
- REHAB Hospital of the Pacific

**Part VIII. Resource and Budget Implications**

**Human, Physical, and Fiscal Resources Required**

- Two (2) 11-month faculty members
- Approximately 35 teaching equivalents for lecturers
- Renovation of Occupational Therapy Assistant Living Skills Lab
- Acquisition of sink heater, washer/dryer, bidet, and hospital bed for Living Skills Lab
- Replacement of classroom furniture with rolling chairs and tables with built-in outlets
- Allocation of professional development funds for each lecturer and full-time faculty member
- Three (3) wall mirrors
- MotoMed Leg and Upper Body Trainer

**Technology Resources Required**

- New high resolution projector in classroom

- Four (4) iPads and iTunes account with credit

**Funding:**

Perkins Grant proposal and additional sources of College and external funding will be investigated to address the equipment needs.