



# Stony Brook School of Health Technology and Management

## STONY BROOK UNIVERSITY SCHOOL OF HEALTH TECHNOLOGY AND MANAGEMENT OCCUPATIONAL THERAPY PROGRAM COURSE OUTLINE

**Course Name and Number:** HAO 526: Gerontology & Occupational Therapy

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**Credits:** 3  
**Day / Time:** Lecture/Lab  
Monday 8:00 am – 12:00 pm  
**Location:** HSC CR 155  
**Modules:** 1-3

### COURSE GOAL

The overall goal of the course is to provide a conceptual framework for the study of gerontology as it relates to occupational therapy and to assist occupational therapy students to develop the skills and knowledge needed to understand major issues in theory, research, and practice related to the older adult.

### COURSE DESCRIPTION

This course focuses on the role of occupational therapy with the aged within geriatric rehabilitation settings (in-patient, out-patient and home care), long-term care programs, wellness & safety programs, hospice, and community based programs (socialization, day treatment, adult day care programs), and alternative housing environments. In order for occupational therapists to understand the needs of older persons, the course addresses the aging process and its physiological, sociological, and psychological effects, with attention to heterogeneity and older person's strengths and capabilities. Students also learn about common impairments and disabilities and rehabilitation needs of older persons. Students will develop and demonstrate skills in evaluation, treatment planning and therapeutic adaptation, documentation, and discharge planning (including collaborative client and family education), and demonstrate knowledge of assistive devices, equipment, and technology/ environmental modifications to support community living and to improve the quality of life of older persons.

The course also addresses the importance of evidence-based practice, including occupational therapy, life-long learning and professional development, the benefits of collaborative OT-OTA partnerships and the relationships between policy, legislation and practice. Additional topics include aging and gender issues, successful aging, and community and home safety. This course builds upon prior course work, particularly Growth and Development, Clinical Conditions in Occupational Therapy, Assessment and Intervention of Psychosocial Issues, Theories of Adult Rehabilitation.

	<b>Course Objectives</b>	<b>ACOTE Standards</b>	<b>Learning Activities</b>
<b>1</b>	Integrate prior knowledge of anatomical, physiology, sensory and cognitive changes in late adulthood for purposes of occupational therapy intervention with older adults. <b>P</b>	<b>A.2.6-</b> Analyze the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual.	-Lecture -Class discussions and activities -Case Studies
<b>2</b>	Demonstrate knowledge of community programs and organizations that assist the elderly, particularly frail older people. <b>P,H</b>	<b>B.5.17-</b> Develop and promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client. <b>B.5.29.-</b> Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. This process includes, but is not limited to, identification of client's current status within the continuum of care; identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client's progression along the continuum toward outcome goals.	-Lecture -Class discussions and activities -Case Studies
<b>3</b>	Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society. <b>P,H</b>	<b>B.2.5 -</b> Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.	-Lecture -Class discussions and activities -Case Studies -Assignment
<b>4</b>	Explain the importance of quality of life issues for older persons and their relationship to cultural, religious and ethnic values. <b>P,H</b>	<b>B.2.4-</b> Articulate the importance of balancing areas of occupation with the achievement of health and wellness for the clients. <b>B.2.9 -</b> Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and environment	-Lecture -Lab -Class discussions and activities -Case Studies
<b>5</b>	Understand the cultural diversity and heterogeneity among the aged, and its impact upon assessment, treatment planning and discharge planning.- <b>P,H</b>	<b>B.2.3 -</b> Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support performance, participation, health, and well-being <b>B.2.6 -</b> Analyze the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual.	-Lecture -Class discussions and activities - Case Studies
<b>6</b>	Explain how lifestyle choices and engaging in a range of physical, cognitive, leisure, social, and everyday occupations can assist older adults to maximize their health and sense of well being. <b>P,H</b>	<b>B.2.2 -</b> Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors. <b>B.2.9 -</b> Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and environment	-Lecture -Class discussions and activities - Case Studies

7	Conduct interviews and evaluations of aged persons in multiple settings.-P	<b>B.4.1-</b> Use standardized and non-standardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community.	-Lecture -Class discussions and activities -Case Study Assignment
8	Develop and implement treatment plans for aged individuals in multiple settings. P	<p><b>B.5.1-</b> Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:</p> <ul style="list-style-type: none"> <li>• The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.</li> <li>• Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).</li> <li>• Performance patterns (e.g., habits, routines, rituals, roles).</li> <li>• Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).</li> </ul> <p>Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.</p> <p><b>B.5.2 -</b> Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation.</p> <p><b>B.5.5 -</b> Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.</p> <p><b>B.5.12-</b> Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.</p> <p><b>B.5.13-</b> Provide recommendations and training in techniques to enhance community mobility, including public transportation, community access, and issues related to driver rehabilitation</p> <p><b>B.5.14-</b> Provide management of feeding, eating, and swallowing to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and swallowing assessment and management) and train others in precautions and techniques while considering client and contextual factors.</p> <p><b>B.5.23 -</b> Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, the sociocultural context, and technological advances.</p> <p><b>B.5.28 -</b> Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention.</p>	-Lecture -Lab -Class discussions and activities -Case Studies
9	Formulate treatment plans (including discharge planning) in partnership with older persons/families utilizing behavioral objectives. P,H	<p><b>B.5.1,B.5.2, B.5.5, B.5.12, B.5.13, B.5.14, B.5.23</b></p> <p><b>B.5.29 -</b> Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. This process includes, but is not limited to, identification of client’s current status within the continuum of care; identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client’s progression along the continuum toward outcome goals.</p> <p><b>B.5.31-</b> Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This process</p>	-Lecture -Lab -Class discussions and activities -Case Studies

		includes developing a summary of occupational therapy outcomes, appropriate recommendations, and referrals and discussion of post discharge needs with the client and with appropriate others. <b>B.5.32</b> - Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.	
<b>10</b>	Understand the hospice concept, formulate treatment plans to address quality of life issues for the terminally ill. <b>-H</b>	<b>B.5.6-</b> Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception). <b>B.5.7-</b> Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction. <b>B.5.8-</b> Develop and implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance. <b>B.5.23-</b> Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, the sociocultural context, and technological advances. <b>B.5.27-</b> Describe the role of the occupational therapist in care coordination, case management, and transition services in traditional and emerging practice environments. <b>B.5.28-</b> Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention.	-Lecture -Class discussions and activities
<b>11</b>	Knowledge of how demographics and policy influence healthcare. <b>P</b>	<b>B.6.1-</b> Evaluate and address the various contexts of health care, education, community, political, and social systems as they relate to the practice of occupational therapy. <b>B.6.2-</b> Analyze the current policy issues and the social, economic, political, geographic, and demographic factors that influence the various contexts for practice of occupational therapy.	-Lecture -Class discussions - Online Discussion
<b>12</b>	Understand the elderly as a high-risk group with regard to medication interactions, including how physiologic changes influence medication effects. <b>P,H</b>	<b>B.5.18-</b> Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, family and significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety.	-Lecture -Class discussions
<b>13</b>	Understand the importance of sexuality and sexual expression among older persons. <b>P,H</b>	<b>B.2.9-</b> Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and environment. <b>B.5.24</b> - Select and teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance, participation, and well-being.	-Lecture -Class discussions
<b>14</b>	Articulate how ethical considerations in geriatric practice relate to the AOTA Code of Ethics. <b>P</b>	<b>B.9.1-</b> Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics and Ethics Standards</i> and <i>AOTA Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.	-Lecture -Lab -Class discussions

15	Understand healthcare and social service legislation affecting older Americans, including implications of OT interventions/treatment. <b>P,H</b>	<b>B.2.3</b> - Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support performance, participation, health, and well-being	-Lecture -Lab -Class discussions and activities -Online Discussion
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**\*\* The designation of P/H relates to the OT Program’s Philosophy of Education**

**[P] Progressive Philosophy of Education:**

Purpose of education is to:

- promote societal well-being
- enhance an individual’s effectiveness in society

Education provides learners:

- with practical knowledge
- problem solving skills

**[H] Humanist Philosophical Base:**

Purpose of education is to:

- enhance personal growth and development
- facilitate self-actualization

**Education provides learners:**

- Self –reflection abilities & skills
- Self –directed learning abilities & skills

Learning Activities	Core Curricular Thread and Program Outcomes (attitudes or skills fostered)	OT Program Mission Statement
<p><b>Class Exercises / Assignments/ Research</b></p> <ul style="list-style-type: none"> <li>• Students will demonstrate the ability to integrate and apply knowledge and skills from prior course work and new knowledge, coupled with developing evaluative and clinical reasoning skills, to make professional judgments based upon relevant variables including professional literature, medical data, client history and occupational profile, etc., for intervention within an assigned case study and through a treatment plan. Example: Case studies will require occupational analysis and critical reasoning in order to formulate treatment plans and interventions that take into account the client’s contexts, culture, ethnicity.</li> <li>• Students will demonstrate documentation skills (i.e., treatment plans, progress notes, etc.) in regard to Medicare requirements for reimbursement of occupational therapy services, and how a wide range occupations can be utilized to help older adults maximize their health and well-being). Practice documentation used in different settings along the rehabilitation continuum relative to the aging population.</li> <li>• Some class exercises will focus on environments to compensate for anatomical, physiological, sensory and cognitive changes in late adulthood with normal aging and with chronic illness.</li> <li>• Students will develop a health promotion or wellness activity for the Geriatric patient.</li> </ul>	<p>Knowledge: learning theories, relationship between occupation and health, measurement outcomes, concepts of disabilities and development, culture and society (PR) Skills: seeking out information independently (PR) Attitudes: culturally competent,(DI, SR, SC, PR) professional commitment (DI)</p>	<p>Learning Scholarship</p>

<p><b>Laboratory sessions:</b></p> <ul style="list-style-type: none"> <li>●Students will demonstrate the ability: 1. To use standardized and clinical assessment tools for client evaluation, development of intervention plans, and anticipated client outcomes; 2. Apply task analysis in geriatric practice; 3. Apply laboratory skills from the Adult Physical Dysfunction course to older adult clients; 4. Document interventions.)</li> <li>●Participation in all lab experiences is required. Students who miss lab classes will be required to document knowledge of skills addressed in the lab session.</li> </ul>	<p>Knowledge: learning theories, relationship between occupation and health, measurement outcomes, concepts of disabilities and development, culture and society (PR) Skills: seeking out information independently, advanced application of OT theory and practices (PR) Attitudes: culturally competent, (DI, SR, SC, PR) professional commitment, self directed learning (DI)</p>	<p>Learning Scholarship</p>
<p><b>Class Participation:</b></p> <ul style="list-style-type: none"> <li>●Students will attend each lecture and participate in a range of learning activities that require integrating 1<sup>st</sup> year knowledge and skills with new knowledge and application of such knowledge for clinical practice.</li> <li>●Discussions and/or activities that occur either in-class or online is part of the overall class participation score. Students are expected to come to class having read required readings prior to class to actively participate in class and on-line discussions.</li> </ul>	<p>Knowledge: learning theories, relationship between occupation and health, measurement outcomes, concepts of disabilities and development, culture and society (PR) Skills: seeking out information independently (PR) Attitudes: culturally competent (DI, SR, SC, PR), professional commitment(DI), self directed learning (DI), self awareness for ongoing personal/professional growth (DI)</p>	<p>Learning Scholarship</p>
<p><b>Case studies and Case study assignment- Older Adult Interview</b></p> <ul style="list-style-type: none"> <li>●Student will in engage in case studies/vignettes to describe or simulate patient interviews with the use of standardized and/or non-standardized assessments on older adults. Case studies will require occupational analysis and critical reasoning in order to formulate treatment plans and interventions that take into account the client's contexts, culture, ethnicity.</li> <li>●Students will submit a paper on an interview performed on an older adult. Paper must be APA style.</li> </ul>	<p>Knowledge: learning theories, relationship between occupation and health, measurement outcomes, concepts of disabilities and development, culture and society (PR) Skills: seeking out information independently (PR) Attitudes: culturally competent,(DI), SR, SC, PR) professional commitment (DI)</p>	<p>Learning Scholarship</p>

### Core Threads:

Democratic Ideals (-DI): social action; eking & supporting changes in self & others, in cultures, and in societies by creating and fostering equal opportunities in producing change.

Social Responsibilities (SR): commitment to recognizing and supporting differences while placing equal emphasis in seeking areas of common grounds, shared experiences and human connections.

Procedural Learning (PL): self-directed, life ling learning, critical thinking skills (includes clinical reasoning).

### METHODS OF INSTRUCTION

1. Lectures
2. Labs
3. In-class discussions and activities
4. Online Discussion
5. Experiential assignments
6. Reflective journaling
7. Research Project/Paper/Assignments

## METHODS OF EVALUATION

Healthy Aging Assignment	15%
Topical Debate Assignment	15%
Mini Case Studies (3; each =1/3 of grade)	30%
Midterm exam	20%
Final exam	<u>20%</u>
	100%

## COURSE MATERIALS AND TEXTS

### Required texts:

1. Bonder, B. & Wagner, M. (Eds.) (2008). *Functional performance in older adults* (4th ed.). Philadelphia: FA Davis.

### **Recommended texts:**

1. Bortnick, K. (2017). *Occupational Therapy Assessment for Older Adults*. Thorofare, NJ: SLACK
2. Turpin, & Wama, (2011). Using *Occupational Therapy Models in Practice: A Field Guide*. St. Louis MO, Elseveir 2011
3. Poo, A. (2015). *The Age of Dignity: Preparing for the Elder Boom in a Changing America*. New York, NY: The New Press.
4. Bjorklund, B.A. (2015). *The Journey of Adulthood (8<sup>th</sup> ed.)*. Boston, MA: Pearson
5. Sirven & Malamut, ( 2008) *Clinical Neurology of the Older Adult 2<sup>nd</sup> Edition Stony Brook Library Catalog Number: WL140C6407 2008*
6. Lewis,S.C. (2003). *Elder Care in Occupational Therapy (2<sup>nd</sup> ed.)* Thorofare, NJ: Slack **WB555L676e2003**
7. Piersol, C.V. & Erlich, P.L. (2008) *Occupational Therapy in Home Health Care, PRO-ED, Incorporated WB555O144 2009*
8. Radomski, M.V. & Trombly-Latham, C.A. (2008). *Occupational therapy for physical dysfunction (7<sup>th</sup> ed.)*. Baltimore: Lippincott Williams & Wilkins.
9. Crepeau, E.B., Chon, E.S., Schell, B.A. (Eds.) (2007). *Willard and Spackman's Occupational Therapy. (12<sup>th</sup> ed.)*. Philadelphia, PA: Lippincott, Williams & Wilkins.
10. Pendleton, HM, and Krohn, W.S. (Eds.) (2006). *Pedretti's: Occupational therapy: Practice skills for physical dysfunction, 8<sup>th</sup> ed.,* St. Louis, MO: Mosby/Elsevier
11. Lichtenberg, P. (Ed.) (2008) *Handbook of Assessment in Clinical Gerontology 2<sup>nd</sup> Ed.,* St. Louis, MO: Mosby/Elseviere **WT150H2336**

### **Website Resources:**

- [www.nia.nih.gov](http://www.nia.nih.gov) (National Institute on Aging)
- [www.aarp.org](http://www.aarp.org) (American Association of Retired Persons)
- [www.aota.org](http://www.aota.org) (American Occupational Therapy Association)

## CLASS ASSIGNMENTS

Week	Date	Lectures	Reading	Learning Activities
1	8/27/17	<p>Introduction to Gerontology:</p> <ul style="list-style-type: none"> <li>• Definitions, Demographics, Development</li> <li>• Theories of Aging</li> <li>• Meaningful Occupation</li> </ul> <p>Impact of normal aging Productive aging</p>	B & D; Chap1,2,5	<ul style="list-style-type: none"> <li>• Lecture/Class discussion</li> <li>• Reading assignment</li> <li>• Case Studies</li> <li>• Lab</li> </ul>
2	9/10/17	<p>Overview of evaluation process</p> <p>Age related changes in:</p> <ul style="list-style-type: none"> <li>• Cardiopulmonary &amp; Cardiovascular Function</li> <li>• Sensory Function</li> </ul>	B & D; 8,9,13,14	<ul style="list-style-type: none"> <li>• Lecture/Class discussion</li> <li>• Case Studies</li> <li>• Lab: <i>OT evaluation form (evaluation process; development of intervention plans; outcomes)</i></li> </ul>
3	9/17/17	<p>Age related changes in:</p> <ul style="list-style-type: none"> <li>• Neuromuscular &amp; Skeletal Systems</li> </ul>	B & D; Chap 10,11,15,16	<ul style="list-style-type: none"> <li>• Lecture/Class discussion</li> <li>• Case Studies</li> <li>• Lab: <i>evaluation, assessment, intervention, use of standardized assessments - Visual assessment videos</i></li> </ul>
4	9/24/17 Class in LH 3	<p>Age related changes in:</p> <ul style="list-style-type: none"> <li>• Cognitive &amp; Emotional Function</li> <li>• Dementia/ Alzheimer's</li> </ul> <p>Interruptions in function:</p> <ul style="list-style-type: none"> <li>• Depression</li> </ul>	B & D; Chap 7,12	<ul style="list-style-type: none"> <li>• Lecture/Class discussions</li> <li>• Case Studies</li> <li>• Lab: <i>evaluation, assessment, intervention</i></li> </ul> <p><b>Debate #1</b></p>
5	10/1/17	<p><b><u>Mini Case Study Assignment #1 Due</u></b></p> <p>Activities and Participation:</p> <ul style="list-style-type: none"> <li>• Self-Care</li> <li>• Leisure</li> </ul>	B & D; Chap18,19	<ul style="list-style-type: none"> <li>• Lecture/Class discussions</li> <li>• Lab</li> <li>• Case Studies</li> </ul> <p><b>Debate #2</b></p>
6	10/8/17	<p>Interruptions in function:</p> <ul style="list-style-type: none"> <li>• Falls and Home Safety</li> <li>• Medication Management</li> </ul>	B & D; Chap 16, 17	<ul style="list-style-type: none"> <li>• Lecture/Class discussions</li> <li>• Lab (i.e., <i>fall assessments/interventions</i>)</li> <li>• Case Studies</li> </ul> <p><b>Debate #3</b></p>



7	10/15/17	<p><b><u>Healthy Aging Assignment Due</u></b></p> <p>Activities and Participation:</p> <ul style="list-style-type: none"> <li>• Community Mobility/Driving</li> <li>• Work &amp; Retirement</li> <li>• Nutritional Rehabilitation and Elderly Individuals”</li> </ul>	B & D; Chap 20,22,23	<ul style="list-style-type: none"> <li>• Lecture/Class discussions</li> <li>• Lab</li> <li>• Case Studies</li> </ul> <p><b>Debate #4</b></p>
8	10/22/17	<p><b><u>Midterm Exam</u></b></p> <p>Activities and Participation</p> <ul style="list-style-type: none"> <li>• Interactions &amp; Relationships</li> <li>• Sexuality in Late Adulthood</li> </ul>	B & D; Chap 24	<ul style="list-style-type: none"> <li>• Lecture/Class discussions</li> <li>• Lab</li> <li>• <i>Assignment Older Adult Interview</i></li> </ul> <p><b>Debate #5</b></p>
9	10/29/17	<p>Service Delivery</p> <ul style="list-style-type: none"> <li>• Evaluation of Functional Performance</li> <li>• Home Modification</li> </ul>	B & D; Chap 21,27 Handouts Readings	<ul style="list-style-type: none"> <li>• Lecture/ Class discussions</li> <li>• Lab: Case Study</li> <li>• Evaluation/Assessment</li> <li>• <i>Small group activities- (i.e. medical necessity, analyses of occupation, perform evaluation, development of treatment plans, discharge plans, use of standardized assessments, etc.,)</i></li> </ul> <p><b>Debate #6</b></p>
10	11/5/17	<p><b><u>Mini Case Study Assignment #2 Due</u></b></p> <p>Service Delivery</p> <ul style="list-style-type: none"> <li>• Health Promotion and Wellness</li> <li>• Community Based Services</li> </ul> <p>Review Group Project</p>	B & D; Chap 28,29	<ul style="list-style-type: none"> <li>• Lecture/Class discussions</li> <li>• Lab (<i>i.e., creating a health promotion activity/program; ex-home safety/falls prevention program</i>)</li> <li>• Small group activities</li> <li>• Case Studies</li> </ul> <p><b>Debate #7</b></p>
11	11/12/17 No Class	<p>Service Delivery –Rehabilitation Continuum</p> <ul style="list-style-type: none"> <li>• Rehabilitation</li> <li>• Long Term Care</li> <li>• Home Health Care</li> </ul>	B & D; Chap 30,31,32,33	<ul style="list-style-type: none"> <li>• Lecture/Class discussion</li> <li>• Lab: (<i>i.e., Documentation, treatment plan development medical necessity, discharge planning</i>)</li> </ul>
12	11/19/17	<p>Context</p> <ul style="list-style-type: none"> <li>• Culture and Aging</li> <li>• Products and Technology</li> <li>• Wheelchair Positioning, Assistive Tech.</li> <li>• Social media/ Telehealth</li> </ul>	B & D; Chap 6,21 handouts	<ul style="list-style-type: none"> <li>• Lecture/Class discussions</li> <li>• Case Studies</li> <li>• Lab</li> </ul>

13	11/26/17	<b><u>Mini Case Study #3 assignment due</u></b>  Elder abuse  The end of life – palliative vs hospice	B & D; Chap 34  Readings to be posted on BB or emailed	<ul style="list-style-type: none"> <li>• Lecture/Class discussions</li> <li>• Lab</li> <li>• Case Studies</li> <li>• Paper/Assignments</li> </ul>
14	12/3/17	Legislation <ul style="list-style-type: none"> <li>• Legislation and policy that affect older Americans: Implications for practice</li> <li>• Legislative action related to OT and the geriatric population</li> </ul>	B & D; Chap 3	<ul style="list-style-type: none"> <li>• Lecture/Class discussions</li> <li>• Case Studies</li> <li>• Lab (<i>i.e., Research and discuss legislative action related to OT and the impact on geriatric population</i>)</li> </ul>
15	12/10/17	<b><u>Final Examination</u></b>  Class Evaluation		

## ACADEMIC INTEGRITY

Each Student must pursue his or her goals honestly and be personally accountable for all submitted work. Representing another's work as your own is always wrong. Faculty are required to report any suspected instances of academic dishonesty, as per SHTM Academic Policies and Procedures.

## PLAGIARISM POLICY

All paper work must be original to the course. If a student submits a paper that was submitted previously in another course without approval of current professor, this action will be considered as an act of plagiarism. Only with the course instructor's approval may a student submit a previously written body of work.

## EXAMS

Students are expected to be on time for exams. No additional time will be allowed for arriving late. No makeup exam will be given except in the event of a death in the immediate family or if you are medically incapacitated. In the case of a personal illness, medical documentation will be required to include the date and time that you were with your treating physician as well as a statement from the physician that you were too ill to attend the exam. In the event of a death in the immediate family, supporting documentation of the death will be required.

## EXPERIENTIAL LEARNING AND FIELDWORK I

Students participate in Fieldwork I experiences related to evaluation and treatment of adults with physical dysfunction within the context of a separate 1 credit course focusing on Fieldwork I experiences in totality. Experiences and assignments are developed in a collaborative manner between course faculty to ensure that students receive opportunities to integrate knowledge and skills developed in didactic and laboratory sessions with experiential clinical education.

## **STONY BROOK UNIVERSITY SYLLABUS STATEMENT**

If you have a physical, psychological, medical or learning disability that may impact your course work, please contact Disability Support Services, 128 ECC Building (631) 632-6748. They will determine with you what accommodations are necessary and appropriate. All information and documentation is confidential.

Students who require assistance during emergency evacuation are encouraged to discuss their needs with their professors and Disability Support Services. For procedures and information go to the following web site:

<http://www.ehs.sunysb.edu> and search Fire safety and Evacuation and Disabilities.

## **CRITICAL INCIDENT SYLLABUS STATEMENT**

“Stony Brook University expects students to maintain standards of personal integrity that are in harmony with the educational goals of the institution; to observe national, state, and local laws and University regulations; and to respect the rights, privileges, and property of other people. Faculty are required to report to the Office of Judicial Affairs any disruptive behavior that interrupts their ability to teach, compromises the safety of the learning environment, and/or inhibits students’ ability to learn.”

**Professional Behavior/Attendance Policy Instructor  
Section**

In an effort to sustain professional behaviors in the classroom environment, I agree to the following:

1. to start class on time.
2. to communicate with students in a respectful, honest, fair and timely manner.
3. to return e-mails within 24-36 hours. If away on business, an automatic e-mail will be sent providing a date of return, at which time the e-mail will be responded to.
4. to post information on blackboard or via email in a timely manner if it is deemed necessary for the learning process of the students.
5. to grade exams and return them within one to two weeks.
6. to grade assignments fairly according to the grading rubric and return them in a timely manner, within two weeks of the due date.
7. in the event that class is to be cancelled, I will call the class liaison as soon as possible and send will send an e-mail alert or request to have that email sent out to the students.
8. to respond to requests for an appointment within 24-48 hours
9. to provide adequate and necessary breaks during class sessions. If closed eyes, bored facial expressions, yawns go unnoticed, please raise your hand and request a break.

**Professional Behavior /Attendance Policy for HAO 526 instructor:**

Name [printed]: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_