



**BAKER COLLEGE**  
**STUDENT LEARNING OUTCOMES**

**OCC 5010 Program Planning/Intervention (Childhood)**  
**4 Semester Hours**

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**Student Learning Outcomes & Enabling Objectives**

1. Demonstrate an understanding of contraindications and precautions that should be considered during assessment, treatment planning and intervention.
  - a. List ways in which universal precautions need to be implemented in pediatric settings
  - b. Apply health and safety standards unique to pediatric settings during assessment and treatment
  
2. Predict the salient environmental, social, and cultural factors in a pediatric client's experience and consider them in the program planning and service delivery process.
  - a. Hypothesize the possible effects of an ill child on the family system.
  - b. Understand service delivery in a variety of settings (e.g. school systems, hospital, and community based settings) and the mechanisms for referring the child to specialists internal and external to occupational therapy.
  - c. Compare and contrast the role of the occupational therapist in pediatrics with other interdisciplinary team members, including the occupational therapy assistant and articulate the collaborative relationships.
  - d. Understand and promote the use of the systems (government, healthcare, special education etc.) that families will need to interact with and be prepared to act as an advocate and be able to refer clients to specialists.
  
3. Articulate of the occupational therapy evaluation process in a pediatric context.
  - a. Choose appropriate pediatric evaluation tools and justify their use based on theoretical constructs.
  - b. Administer a minimum of one standardized evaluation (e.g. Denver Developmental Screening, Beery VMI, Motor Free Visual Perceptual Test, Bayley Scales of Development)
  - c. Implement a pediatric assessment using a non- standardized assessment tool that is based on developmental norms
  - d. Interpret evaluation findings (based on theory, statistics, criterion-referenced and norm referenced standardized test scores, reliability, and validity) and select prioritize for treatment goals and occupation based interventions.

4. Understand the treatment planning and intervention process in a pediatric context.
  - a. Compare and contrast the occupational therapy frames of reference which are applicable for a pediatric context.
  - b. Choose appropriate treatment techniques for pediatric clients and their families based on theoretical constructs
  - c. Apply knowledge of normal child development during assessment, treatment planning and intervention with pediatric clients
  - d. Apply theories that underlie occupational therapy practice to guide and inform the evaluation process, treatment planning and interventions
  - e. Choose treatment techniques that address issues within the occupational therapy scope of practice.
  
5. Summarize the importance of using therapeutic use of self during the assessment and treatment process with the pediatric client, family and other professionals and support staff.
  - a. Compare and contrast the six modes of the intentional relationship model
  - b. Demonstrate use of therapeutic use of self during assessment, individual and group treatment opportunities with a pediatric client and family
  
6. Use clinical reasoning to design, fabricate, apply, fit and train in assistive technologies, seating/positioning, orthotic and prosthetic devices for children with a variety of impairments. Compare and contrast currently available assistive technologies, seating and positioning options, orthotic and prosthetic devices.
  - a. Select and justify assistive technology, seating/positioning equipment and orthotics or prosthetics within the context of pediatric case studies.
  
7. Understand how to manage feeding, eating, and oral motor challenges in the pediatric client (such as swallowing and tactile hyper-sensitivity) to enable occupational performance while considering the family and additional contextual factors.
  - a. Choose appropriate areas to assess when a child and family present with a feeding or eating concern.
  - b. Summarize pre-cautions and available treatment options in the domain of pediatric occupational therapy that are available to optimize feeding/eating occupations.
  - c. Demonstrate treatment techniques to facilitate lip and jaw closure, swallowing, tongue lateralization, chewing, self feeding.

8. Recognize documentation needs to meet standards for reimbursement in the healthcare system, or other standards in a variety of pediatric settings, such as the school system.

a. Formulate documentation that meets standards in a variety of pediatric contexts

Determine when to terminate services, and understand how to develop a summary of occupational therapy outcomes, appropriate recommendations and referrals, and facilitate a discussion on post-discharge needs with client, family and other professionals.

**Required Elements**

RE 1. Students must complete final treatment plan and treatment intervention as assessment of passing competency.

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These SLOs are not approved for experiential credit.

**Effective: Summer 2018**