



BAKER COLLEGE
STUDENT LEARNING OUTCOMES

**OCC6210 Pediatric Practice in Occupational
Therapy**
3 Semester Credit Hours

Student Learning Outcomes and Enabling Objectives

1. Describe human development across the lifespan (pre-natal development, infancy, childhood, and adolescence).
 - a. Identify key gross motor norms and the implications on function.
 - b. Identify key primitive postural reflexes and the influence on development and function.
 - c. Identify key fine motor norms and the impact on function.
 - d. Identify key visual motor milestones and ocular reflexes/reactions and the influence on function.
 - e. Identify key oral motor milestones and reflexes and the implications on feeding and communication.
 - f. Identify key norms of ADL performance in the pediatric population and the impact on occupational engagement.
2. Explain how theories of motor control, sensory systems and sensory processing theory influence development.
 - a. Define current theories of motor control.
 - b. Compare and contrast theories of motor control.
 - c. Describe the sensory systems that are involved in sensory processing of environmental stimuli.
 - d. Compare and contrast occupational therapy frames of reference which are applicable for a pediatric context.
3. Discuss the effects of heritable diseases, genetic conditions, disability, trauma, and injury to physical health, mental health, and occupational performance of a child and family.
 - a. Outline the signs, symptoms, and etiology of common pediatric conditions/pathologies.

- b. Explain how the signs, symptoms and etiology of a condition impacts occupations, client factors, performance skills, performance patterns in the context of a child's family and community.
4. Articulate 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, and 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).
 - e. Select appropriate treatment goals and occupation based interventions based on evaluation findings.
5. Examine 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. Apply knowledge of normal child development during assessment, treatment planning and intervention with pediatric clients.
 - c. Apply theories that underlie occupational therapy practice to guide and inform the evaluation process, treatment planning and interventions.
 - d. Choose appropriate treatment techniques for pediatric clients and their families based on theoretical constructs.
6. Identify assistive technologies, seating/positioning, orthotic and prosthetic devices for children with a variety of impairments.
 - a. Compare and contrast currently available assistive technologies, seating/positioning options, orthotic and prosthetic devices.
 - b. Justify the selection of assistive technology, seating/positioning equipment, and orthotics or prosthetics within the context of pediatric case studies.
7. Describe 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 precautions 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, and self-feeding.
8. Describe the need for specialists and agencies in the community that offer support, consultation, and intervention to children and families.
 - a. Identify specialists and agencies (internal and external) to occupational therapy practice that may be helpful to the pediatric client and family.
 - b. Explain the mission of these specialists and organizations.
 - c. Compare and contrast the referral process of these specialists and organizations.

Big Ideas and Essential Questions

Big Ideas

- Human Development
- Theories
- Pediatric Conditions
- Pediatric Evaluation
- Intervention Planning
- Assistive Technology and Devices
- Family/Caregiver Education

Essential Questions

1. How does human development for the pediatric population assist in the OT process?
2. How does theory assist the OT in selecting appropriate interventions in a variety of practice contexts and environments?
3. How is knowledge of conditions essential for an OT to understand in order to evaluate and develop intervention plans for a pediatric client?
4. How does the OT practitioner take into consideration the cultural and contextual factors of a client during the evaluation process?
5. How does the OT practitioner's understanding of evaluation results assist in developing intervention plans that are client centered, culturally relevant, reflective of current OT practice, and based on available evidence?

6. Why is it important for an OT practitioner to understand how assistive technology and devices are used to enhance occupational performance and participation?
7. How does the OT practitioner engage the family/caregivers in the treatment planning process?

These SLOs are not approved for experiential credit.

Effective: Summer 2024