

Kapi'olani Community College
Comprehensive Instructional Program Review
2016-2019

Occupational Therapy Assistant Program
Associate in Science Degree

College Mission Statement:

Kapi'olani Community College provides open access to higher education opportunities in pursuit of academic, career, and lifelong learning goals to the diverse communities of Hawai'i. Committed to student success through engagement, learning, and achievement, we offer high quality certificates and associate degrees, and transfer pathways that prepare indigenous, local, national, and international students for their productive futures.

Part I. Executive Summary

The Occupational Therapy Assistant Program is one of the 20 instructional programs and one of the 17 career and technical education programs at Kapi'olani Community College. From 2016-2019, the Occupational Therapy Assistant Program was deemed "Cautionary" primarily due to "unhealthy" or "cautionary" demand. Previous Annual Report of Program Data recommendations includes, but not limited to:

- implementation of "first qualified, first accepted" to "best qualified, first-accepted" admission
- continue development and expansion of the on-campus pro-bono occupational therapy assistant clinic under the supervision of certified/licensed occupational therapy practitioners
- begin occupational therapy assistant course and curriculum review
- prepare for Accreditation Council for Occupational Therapy Education re-accreditation self-study and site-visit in 2019-2020
- provide support and or training to fieldwork educators
- replace and refurbish lab and clinic equipment that are in poor-fair conditions
- Adjust
- explore partnership with interested universities to establish a pathway or bridge program to a Bachelor degree
- Request for a third part-time or full-time (9-month) faculty member to address instructor shortage and increase consistency with instructions
- Facilitate interdisciplinary learning and collaboration with the Health Sciences Department

Part II. Program Description

Mission

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

The Occupational Therapy Assistant Program at Kapi'olani CC is committed to providing high-quality educational opportunities in pursuit of a career in occupational therapy and lifelong learning goals to students from diverse backgrounds. Through active and diverse learning within and beyond the classroom, students are prepared to practice ethically, meet rigorous

employment standards, and address the complex needs of individuals and the community through client-centered, occupation-based participation.

History

In the fall of 1973, Kapi'olani Community College accepted its first class of Occupational Therapy Assistant (OTA) students. The first Program Director was Myrna G. Barenz, OTR. 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.

Occupational therapy (OT) is a widely-recognized health science profession that began in the early 1900's. The first occupational therapy practitioners were called "reconstructive aides" and worked with disabled soldiers and civilians during World War I. 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 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. 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.

Program Description

The two-year Occupational Therapy Assistant (OTA) Program is designed to prepare students to work under the supervision of a registered occupational therapist with clients who need to improve their independence in functional activities relating to activities of daily living, work or play/leisure as a result of injury, illness, the aging process, developmental delays, poverty, or cultural differences. These remediation activities take place in a variety of health care facilities such as hospitals, clinics, rehabilitation centers, public and private schools, nursing homes, home care settings and emerging areas of practice. Students have faculty-supervised clinical learning experiences in a variety of these settings.

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.

In addition to program courses, OTA students at Kapi'olani Community College (KCC) complete an educational program that includes support courses including English, math, anatomy and physiology, human development, medical terminology, and therapeutic interpersonal skills. OTA courses explore medical conditions seen in occupational therapy practice, introduce occupational therapy theories and frames of reference, and hone competency with skills applicable to OT intervention. The OTA program at KCC provides training for not only Hawaii, but also the Pacific Basin. All academic work must be completed in Hawaii.

Upon completion of the academic requirements, OTA students are engaged in fieldwork (clinical) training for a minimum of sixteen weeks per 2011 ACOTE standard (C.1.13.). Fieldwork provides the in-depth experiences necessary to deliver occupational therapy services and to expand practice skills; fieldwork may occur in Hawaii and/or U.S. mainland facilities. All sites must meet the contractual requirements of Kapi'olani Community College evidenced by a signed affiliation agreement. Eligibility for the national certification exam administered by the National Board for Certification in Occupational Therapy (NBCOT) is granted upon satisfactory fulfillment of both academic and fieldwork requirements.

Skill Competencies

Education at Kapi'olani Community College is outcome- and competency-based focusing on the student first. Skill development and competency testing is interspersed throughout the curriculum and are required for successful completion of courses and the program. They included but are not limited to:

- Activity Analysis
- Administration of Standardized Pediatric and Adult Assessments
- Compensatory Activities of Daily Living Strategies
- Fabrication and Adjustment of Upper Extremity Orthoses, i.e. resting hand, 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
- 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
- Occupational Therapy Process: Evaluation, Goal-Setting, Intervention Planning, Intervention Implementation, and Documentation for Pediatric, Adult/Elderly, and Mental Health Population
- Wheelchair Handling: Curbs, Ramps, and Inclines

Program Student Learning Outcomes and Skill Competencies

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.

Admission Requirements

Since Fall 2016, the criterion for acceptance into 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. Applicants are located online at the KCC websites. 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.

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

Man Wa Shing, OTD, OTR/L, Instructor, Program Director

Tiffany Kawaguchi, OTD, BSOT, Associate Professor, Academic Fieldwork Coordinator

Lecturers

Laura Adams-Shimabukuro, OTR/L

Whitney Reigh Asao, OTD, OTR/L

Rachel Escano, COTA/L

Jeannette Ing Uemura, OTR/L

Kevin Kathman, OTD, OTR/L

Karen Lau, MOT, OTR/L

Carol Paul-Watanabe, B.Ed., MPH, COTA

Robin Putnam, MS, MOT, OTR/L

Carol Yee, MPH, OTR/L, CHT

Resources

Kauila 210 is utilized for OTA Program lecture, lab, and on-campus pro-bono clinic courses. As a result of space constraints, the OTA Program also utilized Kauila 104 (RAD) and Kauila 109 (MEDA) for instruction for HLTH 118 Therapeutic Interpersonal Skills, OTA 110 Introduction to Occupational Therapy, OTA 224 Health Concepts for Elderly, and OTA 249 Professional Concepts.

The Occupational Therapy Living Skills Lab includes a refrigerator, a stovetop, an oven, three microwaves, a Twin-size bed, a hospital bed, a shower, a tub, and a tub. The Living Skills Lab includes variety of adaptive equipment and durable medical equipment for feeding, bathing, dressing, and toileting such as built-up spoons, plate guards, one-handed cutting board, reacher, sock aids, shower chairs, tub transfer bench, and commodes. The dishwasher and plumbing in the shower are not operational.

The OTA program also has common industry standard clinic and lab equipment and furniture such as wheelchairs, front-wheeled walkers, canes, sliding boards, overhead mobile arm support, physiostep stationary bike (donated by REHAB Hospital), standing frame (donated by REHAB hospital), full-body mirrors, fixed therapy mats, height adjustable hi-lo mat, a portable parallel bars and a 12' parallel bars, sewing machines, various sizes therapy ball, wedges, tumble forms, physical agent modalities (fluidotherapy machine, a portable hydrocollator, a freezer for cold pack, an ultrasound unit, and paraffin baths. The program also has an array of common standardized assessments such as Canadian Occupational Performance Measure, Kohlman Evaluation of Living Skills, Allen Cognitive Level Screen, Activity Card Sort, Sensory Profile, Bruinks-Oseretsky Test of Motor Proficiency, Peabody Developmental Motor Scale, Beery VMI Assessment, etc. OTA program also maintain a library with additional resources beyond the textbooks that are required for OTA courses. Classroom technology includes portable Smartboard, projector, seven (7) desktop computers, five (5) laptop computers, three (3) printers, two (2) tablets, one (1) video camera.

The program utilizes professional fees, college's equipment replacement funds, and or Perkin's Grant to acquire and maintain above mentioned equipment, supplies, and resources. Expendable supplies such as crafts supplies, disposable gloves, alcohol wipes, sanitary wipes, paints, electrodes, theraband, kinesiotapes, splinting materials are replenish biannually with professional fees.

The program also has a UH Foundation account.

Articulation Agreements

University of Hawaii Community College and Pacific University, Forest Grove, Oregon has an articulation agreement to establish a seamless pathway for University of Hawaii Community College graduates to transfer to Pacific University to complete their bachelor degrees. For the Occupational Therapy Assistant Program specifically, graduates can transfer to and enroll in Pacific University's online 11-month program to obtain a Bachelor degree in Health Science and if they wish, they can apply to the School of Occupational Therapy Doctorate Program at Pacific University.

Community Connections, Advisory Committees, Internships

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

Guest Speakers

Laura Adams-Shimabukuro, OTR/L, Hawaii State Hospital - *Expectations in the OT Profession*
Pamela Anderson, COTA/L, Queen's Medical Center - *Activity Analysis with Hula*
Whitney-Reigh Asao, OTA/L, Rehabilitation Hospital of the Pacific - *Driver Rehab*
Alex Balecha - *The Experience of a Patient with Disability*
Virginia Beck, Hawaii Public Access Room - *State of Hawaii Legislative Process*

Waylen Chock, CP, CR Newton - *Upper Extremity Prosthesis and Orthosis*
 Kelsey Choi, COTA/L, Rehabilitation Hospital of the Pacific - *From Student to Practitioner*
 Katherine Crites-Lewis, ATP, Awakening Technologies of the Pacific - *Battery Interrupters*
 Randy Duldulao - *Activity Analysis with Poi & Lei Making*
 Robert Eharis - *The Experience of a Patient with Disability*
 Francis Estabillo, COTA/L, Rehabilitation Hospital of the Pacific - *Pearl of Wisdom from OTA Graduates*
 Teresa Fair-Field, OTR/L, OT Clubhouse - *Telehealth in OT with Pediatric Population*
 Andrea Fong, OTR/L, Straub Medical Center - *Activity Analysis with Yoga*
 Jeannette Ing Uemura, OTR/L (Retired), Department of Education - *Expectations in the OT Profession*
 Victoria Janis, COTA/L, Caring Manoa - *OTA as Activity Coordinator; Therapeutic Use of Self*
 Jason Julian, Assistive Technology Resource Center of Hawaii - *Assistive Technology*
 Kory Kawaguchi, Rehabilitation Hospital of the Pacific - *Driver Rehab*
 Mary Kay Kustermann, OTR/L, Department of Public Safety - *OT in Correctional Facilities*
 Ann Kiyabu - *The Experience of a Patient with Hand Injury*
 Vivien Lau, SLP, Rehabilitation Hospital of the Pacific - *Aphasia Group Treatment*
 Jared Lee, CP, Department of Attorney General - *Legal Dimension and Liability in OT*
 Erika Librizzi, OTR/L, Queen's Medical Center - *Functional Mobility and ADL in Acute Care*
 Lora Linehan, COTA/L, Manakai O Malama - *Activity Analysis with Sewing*
 Alfie Manibo, PTA/L, Rehabilitation Hospital of the Pacific - *Exercise and Conditioning Group Treatment*
 Alpheus Mathis, OTR/L, City and County of Honolulu - *Activity Analysis with Inside Out Masks; Mindfulness Meditation*
 Summer Matsuda, OTA, Hawaii State Hospital - *Activity Analysis with Poi & Lei Making*
 Krissy McDonald, COTA/L, BAYADA - *OT's Role and Responsibilities in Home Health*
 Miles Miyamoto, COTA/L, Veteran's Administration - *From Student to Practitioner*
 Scott Morrice, OTR/L, Queen's Day Treatment Center - *OT in Mental Health*
 Scott Murata, COTA/L, Department of Education - *Management in Skilled Nursing Facilities*
 James Nakada, COTA/L, CHART Rehab - *OT's Role and Responsibilities in Outpatient Setting*
 Denby Nakamoto, COTA, Pearl City Nursing Home - *Roles of Activity Director/Coordinator*
 Suzanne Nakano - *The Experience of a Patient with Hand Injury*
 Steven Nakata, MBA, COTA/L, Kaiser Permanente Moanalua Medical Center - *Management Concepts - Roles and Responsibilities; Expectations in the OT Profession*
 Gerraine Niiyama, OTA/L, BAYADA - *OT's Role and Responsibilities in Home Health*
 Bernice Oishi, COTA/L, Straub Medical Center - *OT's Role and Responsibilities in Acute Care*
 Kari Oki, DPT, Rehabilitation Hospital of the Pacific - *Exercise and Conditioning Group Treatment*
 Karen Oshiro, COTA/L, ATP, Universal medical Supply - *Contract Services in OT*
 Devin Otagaki, DPT, ATP, Rehabilitation Hospital of the Pacific - *Wheelchair Considerations*
 Melissa Pang, OTR/L, Straub Medical Center - *Fabricating Common Splints*
 Emily Parker, COTA/L - *Activity Analysis with Soap Making*
 Frances Grace Runberg, COTA/L, Brighton Rehabilitation - *Pearl of Wisdom from OTA Graduates*
 Avis Sakata, OTR/L, Straub Medical Center - *Expectations in the OT Profession; Fabricating Common Splints*
 Renee Sakata, COTA/L, Aloha Nursing Care and Rehab Centre - *OT's Role and Responsibilities in Skilled Nursing Facility Activity Department*
 Judy Suarez, OTR/L, Kahi Mohala - *Therapeutic Use of Self*
 April Tecson - *The Experience of a Patient with Hand Injury*
 Scott Wassmer, COTA/L, Brighton Rehabilitation - *Measuring Vital Signs*

Millicent Wright, COTA/L, Rehabilitation Hospital of the Pacific - *Wheelchair Considerations*
Kuth Yamakawa - *Activity Analysis with Sewing*
Carol Yee, OTR/L, Hawaii Hand & Rehabilitation - *Activity Analysis with Tai Chi*

Field Trip

Aloha Nursing Care and Rehabilitation Centre - *Activities in Long Term Care Facilities*
Assistive Technology Resource Center of Hawaii - *Assistive Technology in the Community*
Caring Manoa - *One-to-One Interventions with Elders in a Care Home*
CHART Rehab Honolulu - *Occupational Therapy Services in Outpatient Setting*
Diamond Head Clubhouse - *Community Outpatient Mental Health Services*
Hale Nani Rehabilitation & Nursing Center - *Occupational Therapy Services in Skilled Nursing Facilities*
Hawaii State Capitol - *Legislative Advocacy*
Hawaii State Hospital - *Forensic Hospitals and Occupational Therapy*
Kaiser Permanente Moanalua Medical Center - *Occupational Therapy Services in Outpatient Setting*
Leahi Hospital - *Interventions with Elders in an Adult Day Health Program; Activities in Long Term Care Facilities*
Maluhia Hospital - *Occupational Therapy and Physical Therapy Maintenance Program*
Queen's Medical Center - *Occupational Therapy Services in Acute Care*
Rehabilitation Hospital of the Pacific - *Occupational Therapy Services in Inpatient Rehab Facilities; Driver Rehabilitation; Vision Clinic; Wheelchair Clinic*
Sprouts Therapy - *Pediatric Therapy Services*
Straub Medical Center - *Occupational Therapy Services in Acute Care*
Veterans Affairs - *Occupational Therapy Services in VA - Mental Health*

Advisory Board

The Occupational Therapy Assistant Program 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.

Laura Adams-Shimabukuro, OTR/L, Hawaii State Hospital
Pamela Anderson, COTA/L, Queen's Medical Center
Whitney-Reigh Asao, OTR/L, Rehabilitation Hospital of the Pacific
Joycelyn Brigoli, OTR/L, Brighton Rehabilitation
Verna Chinen, OTR/L, Department of Education
Konane Deryke, OTR/L, Rehabilitation Hospital of the Pacific
Rachel Escano, COTA/L, Rehabilitation Hospital of the Pacific
Jeannette Ing Uemura, OTR/L, Branch Manager (Retired), Early Childhood Services Unit
Satoru Izutsu, Ph.D, OTR, Director of Admission (Retired), John A. Burns School of Medicine
Sarah Knox, OTR/L, Shriners Hospitals for Children
Jacquelyn La Pierre, COTA/L, Veterans Affairs
Karen Lau, OTR/L, Kapio'lani CC
Donna Lee, OTR/L, Veterans Affairs
Scott Murata, COTA/L, Department of Education
Kimberly Naguwa, OTR/L, Rehabilitation Hospital of the Pacific
Sheryl Nakanishi, OTR/L, Pali Momi Medical Center
Carol Paul-Watanabe, COTA, Former OTA Program Director and Academic Fieldwork Coordinator (Retired), Kapio'lani CC
Avis Sakata, OTR/L, Straub Medical Center
Renee Sakata, COTA/L, Aloha Nursing & Rehab

Cindy Tamayo, DPT, Rehab Manager, Shriners Hospitals for Children
 Rose Tilton, OTR/L, Rehabilitation Hospital of the Pacific
 Hilary Valentine, OTR/L, Manakai O Malama
 Millicent Wright, COTA/L, Rehabilitation Hospital of the Pacific
 Carol Yee, OTR/L, Hawaii Hand & Rehabilitation Services

Internships

The program provides fieldwork opportunities in more than 50 traditional and/or emerging settings that are consistent with the curriculum design. Students complete four fieldwork rotations: two level I fieldworks (90 hours) and two level II fieldworks (full-time 8 weeks).

Since 2016, the program also started an on-campus pro-bono clinic, which served as one of the two level I fieldwork rotation for the students. The on-campus pro-bono clinic provides one-to-one and group occupational therapy services to those who has exhausted their health insurance coverage, but continues to benefits from therapy. All services are provided under the direct supervision and guidance of licensed and certified occupational therapy practitioners.

Part III. Curriculum Revision and Review

The following courses were reviewed during the previous three years:

- OTA 110 Introduction to Occupational Therapy
- OTA 125 Fieldwork Level I: Activity and Mental Health
- OTA 126 Critique: Fieldwork Level I/Activity and Mental Health
- OTA 172 Management Concepts
- OTA 232 Fieldwork Level I: Physical Dysfunction/Developmental Educational
- OTA 233 Critique: Fieldwork Level I: Physical Dysfunction and Developmental/Educational
- OTA 270 Fieldwork Level II A
- OTA 271 Fieldwork Level II B

Part IV: Survey Results

1. Student Satisfaction

Over the three years from 2016-2019, 38 students have graduated or are expected to graduate by summer 2019. Of the 38 students, 36 or 94.7% responded to the individual exit survey.

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:

<u>Survey Item</u>	AY16-17 (n = 14)	AY17-18 (n = 9)	AY18-19 (n = 13)	3-year (n = 36)
The overall quality of the instruction from OTA program faculty was good.	4.64	4.33	4.46	4.50
There were adequate opportunities for me to communicate and collaborate with OTA program faculty.	4.71	4.56	4.69	4.67
The OTA program encouraged and provided practice and improvement of written communication skills.	4.50	4.44	4.62	4.53
The OTA program encouraged and provided practice and improvement of oral	4.71	4.33	4.69	4.61

communication skills.				
The OTA program improved my ability to comprehend and critically analyze literature related to best-practices in occupational therapy.	4.71	4.11	4.62	4.53
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.	4.86	4.78	4.54	4.72
The OTA program helped me engage in rational and civil discourse about complex topics pertaining to occupational therapy.	4.57	4.56	4.38	4.50
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).	4.50	4.00	4.15	4.25
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.	4.43	3.89	4.00	4.14

The individual exit survey also consisted of open-ended questions:

Would you choose KCC's OTA program again?	<p>Yes = 83.8%; No = 2.7%; Unsure = 5.4%; No answer = 8.1%</p> <p>Students identified 3 major reasons for choosing KCC OTA program again:</p> <ul style="list-style-type: none"> ● Has knowledgeable, caring, and supportive faculty ● Quality instructions prepared student to be entry-level practitioner ● Experienced personal and professional growth <p>Other reasons included:</p> <ul style="list-style-type: none"> ● Good curriculum that is only 2 years long with many hands-on learning ● Formed amazing relationships ● Only OTA school on the island ● Small student-faculty ratio <p>Students identified 3 major reasons for unsure or not choosing KCC OTA program again</p> <ul style="list-style-type: none"> ● High expectation of the program ● Too difficult for an Associate degree ● Lowered GPA, which may hinder opportunity to go to OT school
How was the work environment?	<p>Good = 43.2% Fair = 35.1% Poor = 16.2% No answer = 5.4%</p> <p>Majority of the students commented that the work environment has good resources. Computer lab in the classroom are helpful and the clinic is well-equipped. A large number of students commented that the work environment is adequate, but may benefit from extra classroom space, an</p>

	<p>electronic documentation system, and a hospital bed. A small number of students commented that the work environment is outdated. Equipment needs upgrade. Classroom is overcrowded, cluttered, and unclean.</p>
<p>Which OTA courses do you believe were most valuable?</p>	<p>All courses (58.3%) Most courses (16.7%) OTA 237/L Physical Dysfunction Concepts (16.7%) OTA 161/L Mental Health Concepts (8.3%) HLTH 118 Therapeutic Interpersonal Skills (2.8%) OTA 110 Introduction to Occupational Therapy (2.8%) OTA 112/L Pediatric Concepts (2.8%) OTA 126 & OTA 233 Critique: FWI (2.8%) OTA 125, OTA 233, OTA 270, & OTA 271: Fieldwork Level I & II (2.8%)</p> <p>These courses were identified as most valuable as these prepare the students to be entry-level practitioners.</p>
<p>Which OTA courses do you believe were least valuable?</p>	<p>OTA 172 Management Concepts (45.9%)</p> <ul style="list-style-type: none"> ● Instructor was not effective ● Contents overlapped with OTA 249 ● Not helpful for entry-level <p>OTA 112 Pediatric Concepts (13.5%)</p> <ul style="list-style-type: none"> ● Did not learn anything [note: likely due to ineffective instructor] ● Unstructured <p>OTA 233 Critique: FWI: Physical Dysfunction & Developmental/Educational</p> <ul style="list-style-type: none"> ● Repeat of OTA 126 Critique: FWI: Activities & Mental Health <p>OTA 224 Health Concepts for Elderly (13.5%)</p> <ul style="list-style-type: none"> ● No new contents; was like a review <p>OTA 119 Therapeutic Activities (5.4%)</p> <ul style="list-style-type: none"> ● Can self-learn crafts <p>OTA 249 Professional Concepts (5.4%)</p> <ul style="list-style-type: none"> ● Content overlapped with OTA 172 ● Not necessary <p>OTA 236 Fundamentals of Assistive Technology (2.7%)</p> <ul style="list-style-type: none"> ● Could be shorten <p>Hand and Splinting portion of OTA 236 (2.7%)</p> <ul style="list-style-type: none"> ● Is a specialty area <p>OTA 224L Elderly Concepts Lab (2.7%)</p> <ul style="list-style-type: none"> ● Not necessary <p>OTA 249L Professional Concepts Lab (2.7%)</p> <ul style="list-style-type: none"> ● Not necessary
<p>Which courses do you think should have been but weren't offered in the OTA program?</p>	<p>Kinesiology (64.9%) Physical Dysfunction divided into Part I & II (2.7%) Therapeutic Exercise (2.7%) A lecture on business (2.7%)</p> <p>Kinesiology was identified as a beneficial course to prepare students for OTA 237/L Physical Dysfunction Concepts.</p>
<p>Do you feel prepared for Fieldwork?</p>	<p>Yes = 73.0%; No = 16.3%; Unsure = 5.4%; No answer = 5.4%</p> <p>Majority of the students felt that were prepared for fieldwork, knowing that they still have a lot to learn at fieldwork. Some students felt they were not</p>

	prepared due to not having what to expect and or not feeling confident.
Do you feel prepared for the certification examination?	Yes = 59.5%; No = 27.0%; Unsure = 8.1%; No answer = 5.4% Majority of the students stated that having NBCOT-style questions in their tests throughout the program, taking a lot of practice test, and learning how to analyze the questions helped them prepare for the certification examination. Other students felt the need to study more in their “weak” areas.

2. Occupational Placement in Jobs

Upon completion of the Associate of Sciences in Occupational Therapy Assistant program, graduates will need to pass a national certification exam before attaining employment as a certified occupational therapy assistant (COTA). Non-certified graduates may be employed in non-traditional settings such as activity aide, activity coordinator, behavioral/mental health specialist, program specialist, etc.

There are 12 graduates in August 2017 and 11 graduates in August 2018. Of the 23 graduates, 20 passed the national certification exam and 21 are employed. Below are the national certification exam and employment placement data.

NBCOT Exam Passing Rate

	Passed	Failed	Did not take exam
Class of 2017 (n=12)	91.7% (n=11)	0.0% (n=0)	8.3% (n=1)
Class of 2018 (n=11)	81.8% (n=9)	9.0% (n=1)	9.0% (n=1)

Employment Placement Data

	Class of 2017 (n=12)	Class of 2018 (n=11)
Acute Care in (Hawaii)	0.0% (n=0)	0.0% (n=0)
Acute Care (U.S. Continent)	16.7% (n=2)	9.0% (n=1)
Skilled Nursing Facility (Hawaii)	41.7% (n=5)	45.5% (n=5)
Skilled Nursing Facility (U.S. Continent)	8.3% (n=1)	9.0% (n=1)
Inpatient Rehab Facility (Hawaii)	0.0% (n=0)	9.0% (n=1)
Outpatient Physical Dysfunction (Hawaii)	8.3% (n=1)	9.0% (n=1)
Non-traditional, i.e. Activity (Hawaii)	0.0% (n=0)	18.1% (n=2)
Non-OTA related (Hawaii)	8.3% (n=1)	0.0% (n=0)
Military	8.3% (n=1)	0.0% (n=0)
Unemployed	8.3% (n=1)	0.0% (n=0)

Class of 2019 consists of 13 students. They are actively completing fieldwork requirements and are not eligible for employment.

3. Employer Satisfaction

In June 2017, 13 local employers were contacted by email or phone to determine employer satisfaction. Twelve responses received from nine (9) employers. Responses to questions were ranked using a Likert scale as follows:

5 = Strongly Agree, 4 = Agree, 3 = Undecided, 2 = Disagree, and 1 = Strongly Disagree.

Graduates were able to...	n = 12
Interact effectively with the clients that you serve.	4.17
Perform as a team member in the work context.	4.42
Solve problems, as needed, within the work context.	3.83
Exhibit professional values, ethics, and work behaviors.	4.42
Employ entry-level occupational therapy assistant professional skills.	4.08
Apply knowledge of the occupational therapy service delivery	4.08
Implement the occupational therapy process with clients	3.83
Demonstrate management and system skills consistent with entry-level practice.	3.83

Overall, employers are satisfied with the performance of our graduates. One employer commented, "KCC OTA program has successfully produced qualified COTA in our community. Knowledge and experience is very important; however, emphasis on character building provides graduates with the tools needed for job opportunities. Another employer stated that "We are willing to hire new grads COTA from KCC even without experience as long as they had/have clinical internship with us and we see a great home health potential from the student."

Another Employer Survey was conducted in June 2018. Fifteen (15) local employers were contacted by email or phone. Six employers responded.

5 = Strongly Agree, 4 = Agree, 3 = Undecided, 2 = Disagree, and 1 = Strongly Disagree.

Survey questions	(n = 6)
Do you agree that COTAs in their 1st year of work are adequately prepared to meet the job demands of your facility?	3.50
Are most COTAs able to meet the productivity expectations at your facility?	3.67

Survey data also identified three (3) major characteristics that employer's desire and three (3) areas that COTA commonly struggled with:

Desired characteristics:	Common areas of struggle:
1. Confidence and self-initiatives	1. Documentation

2. Compassion and interests 3. Experience working with their client population	2. Intervention planning and implementation 3. Time management
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2. Graduate/Leaver

The OTA program's maximum capacity is 16 students per year. The program's average 3-year persistence rate is 75%. Attrition is related to personal reasons, unsatisfactory academic performance, professional misconducts, or incomplete requirements.

	Number Admitted	Number Graduated or Expected to Graduate	Reason(s) for Withdrawal or Dismissal
Class of 2017	18	12 (66.7%)	Personal = 3 Academic = 2 Professional Misconduct = 1
Class of 2018	14	11 (78.6%) [1 from Class of 2017]	Personal = 2 Academic = 2
Class of 2019	18	13 (72.2%) [1 from Class of 2018]	Personal = 3 Academic = 2 Professional Misconduct = 1
TOTAL	48	36 (75%)	

Part V. Quantitative Indicators for Program Review

ARPD Report Year	Program Demand	Efficiency	Effectiveness
2016	Unhealthy	Healthy	Healthy
2017	Unhealthy	Healthy	Healthy
2018	Cautionary	Healthy	Cautionary

Link to 2016 ARPD Data:

<https://www.hawaii.edu/offices/cc/arpd/instructional.php?action=quantitativeindicators&year=2016&college=KAP&program=78>

Link to 2017 ARPD Data:

<https://www.hawaii.edu/offices/cc/arpd/instructional.php?action=quantitativeindicators&year=2017&college=KAP&program=78>

Link to 2018 ARPD Data:

<https://www.hawaii.edu/offices/cc/arpd/instructional.php?action=quantitativeindicators&year=2018&college=KAP&program=78>

Part VI. Analysis of the Program

1. Alignment with Mission

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

The Occupational Therapy Assistant Program at Kapi'olani CC is committed to providing high-quality educational opportunities in pursuit of a career in occupational therapy and lifelong learning goals to students from diverse backgrounds. Through active and diverse learning within and beyond the classroom, students are prepared to practice ethically, meet rigorous employment standards, and address the complex needs of individuals and the community through client-centered, occupation-based participation.

High-quality Educational Opportunities and Lifelong Learning Goals

OTA faculty members are highly qualified instructors who are certified and or licensed occupational therapy practitioners. Instructors along with guest speakers are expertise in their fields with years of practice experience to enrich student learning.

Over the last three years, OTA program continues to update and improve teaching assignments, instructional methods, course assessments, and fieldwork experiences. The passing rate and score of the national certification exam has improved and remained well-above accreditation standards of 80% passing rate.

Certification Year	Passing Rate	Average passing Score (Passing Score = 450+)
2016	76% (13/17)	486
2017	100% (10/10)	488
2018	90% (9/10)	494

To promote lifelong learning, students are encouraged from the beginning of the program to be involved in the local and national professional associations. First-year OTA students are encouraged and second-year OTA students are required to attend the annual conference hosted by Occupational Therapy Association of Hawaii. Attendance of professional workshops are incorporated into associated courses, such as meeting of American Occupational Therapy Association President Amy Lamb in January 2018 as part of OTA 249 Professional Concepts course, attending Special Parent Information Network conference in April 2019 as part of OTA 161 Mental Health Concepts course, etc. Students also learned to self-assess and create professional development plan in their last semester in OTA 249 Professional Concepts course to professional growth beyond Kapi'olani CC.

Active and Diverse Learning Within and Beyond the Classroom

Multimodal teaching-learning methods are used in all OTA courses. PowerPoints are used in lecture courses along with videos and case studies to illustrate concepts. Assignments consist of quizzes, individual assignments, group assignments, forum discussions, and competencies. Case studies are used to encourage independent thinking and application of knowledge. Field trips are arranged to bridge classroom learning to actual practice. In the final semester, students are working with community partners such as Leahi Hospital, Diamond Head Clubhouse, and Caring Manoa Adult Residential Care Home to gain hands-on experience under the supervision of OTA instructors. Throughout the program, students complete fieldwork rotations with affiliated organizations and at the on-campus pro-bono clinic to assess and provide occupational therapy services to clients with neurological impairments secondary to stroke, spinal cord injury, Parkinson's Disease, and Guillain-Barre syndrome.

Prepared to Practice Ethically, Meet Rigorous Employment Standards

Ethics are addressed in all OTA core courses. Competencies, such as wheelchair transfers, functional mobility techniques, Activities of Daily Livings (ADL) training, individual intervention implementation, group leading, vital measurements, and splint fabrications are embedded to ensure students acquired entry-level handling skills. Students must meet all safety standards and pass competencies with a 70% or higher.

2. Current Situation

Internal

The Occupational Therapy Assistant Program was rated as “Cautionary” for 2016-2018. Program demand improved from “Unhealthy” in 2016 and 2017 to “Cautionary” in 2018. Program efficiency remained “Healthy” for all three years. Program effectiveness went from “Healthy” in 2016 and 2017 to “Cautionary” in 2018. ARPD data and Perkins indicator are analyzed with expanded data and/or information below.

Program Demand

While has been deemed “unhealthy” and “cautionary” using the Career Technical Education Programs Scoring Rubrics and thus suggests uncertainty in meeting the employment needs of graduates, a different perspective of the phenomenon is offered with expanded data. Looking at the past three (3) years of new and replacement state positions, the number has been steady at a growth of 14 to 15, despite 12-15 graduates each year. The Class of 2016 has a 100% gainful employment rate. The Class of 2017 has 91.7% and the Class of 2018 has 100% gainful employment rate. This demonstrated a consistent and stable job market for occupational therapy assistants, regardless of the low number job positions in the State of Hawai‘i.

In addition, the number of new and replacement County or State positions do not reflect positions in the Federal, private, and/or contracted sector of practice. According to Hawai‘i Industry Sectors on the University of Hawai‘i Community Colleges (UHCC) website (https://uhcc.hawaii.edu/workforce/occupation_profile.php?soc=31-2011), occupational therapy assistants has a “bright outlook” with a growing regional job market trends. In 2017, 77 jobs positions were posted. In 2018, 82 jobs positions were posted. The number is projected to grow every year.

Consistent with the UHCC Hawai‘i Industry Sectors, the U.S. Department of Labor’s Occupational Outlook Handbook (<https://www.bls.gov/ooh/healthcare/occupational-therapy-assistants-and-aides.htm#tab-6>) supports the increasing demand for OTAs:

Employment of occupational therapy assistants is projected to grow 29 percent from 2016 to 2026, much faster than the average for all occupations.

Employment of occupational therapy aides is projected to grow 25 percent from 2016 to 2026, much faster than the average for all occupations. However, because it is a small occupation, the fast growth will result in only about 1,800 new jobs over the 10-year period.

Occupational therapy assistants and aides will be needed to help therapists treat additional patients and to ensure that treatment facility operations run smoothly. However, demand for occupational therapy services is related to the ability of patients to pay, either directly or through health insurance.

Demand for occupational therapy is likely to grow over the coming decade in response to the health needs of the aging baby-boom generation and a growing elderly population. Older adults are more prone than younger people to conditions and ailments such as arthritis and stroke. These conditions can affect one's ability to perform a variety of everyday activities. Occupational therapy assistants and aides will be needed to help occupational therapists in caring for these patients. Occupational therapy will also continue to be used to treat children and young adults with developmental disabilities, such as autism.

Healthcare providers, especially those specializing in long-term care such as nursing homes and home healthcare services, will continue to employ 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, 2019, par. 1-5).

Finally, occupational therapy practitioners are employed in non-traditional settings dated as far back as 1990s. Many of the occupational therapy skills, such as interpersonal skills, group leading skills, sound judgment and decision making skills, etc. are easily transferable to other jobs and industry (Royeen, 1990). Occupational therapy assistants have taken positions as activity director/coordinator, case management/care coordinator, behavioral health specialists, assistive technology professional, seating mobility specialist, rehab liaison, and many more. These job opportunities are unaccounted for in the ARPD program demand data.

Program Efficiency

The program was deemed “healthy” with high fill-rate from 2016-2018. The Occupational Therapy Assistant Program is a two-year program with a maximum enrollment capacity of 16 students per cohort, totaling an annual capacity of 32 students. Program capacity remained high through 2016-2018.

	2016	2017	2018
Fill-Rate	88.2%	91.1%	83.3%
Program Capacity	93.8%	87.5%	87.5%

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 26-28 additional students enrolled in these aforementioned courses. Therefore, the enrollment rate is greater than the calculated fill rate shown in the ARPD report.

Program Effectiveness

Program effectiveness has declined from “Healthy” in 2016 and 2017 to “Cautionary” in 2018. Effectiveness is determined by an increase in the number of unduplicated degrees and certificates by 5% from the previous academic year. Based on this effectiveness formula, the OTA program is scored as “cautionary” due to 0% increase in the number of degrees and CAs awarded in 2018. However OTA program has a mandated maximum enrollment capacity of 16 students per cohort. A 0% change in number of degrees and CAs awarded is expected.

In addition to the growth of unduplicated degrees and certificates awarded, program effectiveness is determined by Fall to Spring persistence rate. The OTA program has a slight decreased in Fall to Spring persistence rate in 2018 with increase in withdrawal rate to 23 in 2018. Students withdrawals may be due to various reasons such as personal health issues, not the right fit for OTA, relocation, unsatisfactory academic performance, general misconducts.

	2016	2017	2018
Fall to Spring persistence rate	90%	96%	89%
Withdrawal	5	8	23
External Licensing Exams Passed	76%	100%	90%

Perkins Indicators

Report Year	1P1 Technical Skills Attainment	2P1 Completion	3P1 Student Retention or Transfer	4P1 Student Placement	5P1 Non-Trad Participation	5P2 Non-Trad Completion
2016	Met	Met	Met	Not Met	Met	Met
2017	Met	Met	Not Met	Not Met	Not Met	Not Met
2018	Met	Met	Met	Not Met	Met	Met

Between 2016 and 2018, the Perkins indicator 4P1 Student Placement was consistently not met. This indicator measure the percentage of OTA students who stopped program participation and obtained gainful employment or enrolled in alternative programs. OTA program's 4P1 student rate has been consistently low (Reporting year 2016 = 41.67; 2017 = 61.90; 2018 = 40.0). However, per our anecdotal evidence, the Class of 2016 has a 100% gainful employment rate. Class of 2017 has 91.67% and Class of 2018 has a 100% gainful employment rate. The discrepancy between our anecdotal data and the ARPD data may be due to the timeline of the data collection. 4P1 Student Placement data is typically gathered up to 6 months after student stopped program participation. Many of our graduates (leavers) may not have obtained gainful employment at the time the ARPD data collection occurs. The occupational therapy assistant profession is regulated by the National Board for Certification in Occupational Therapy and the Department of Commerce and Consumer Affairs Professional & Vocational Licensing. This process of preparing and studying for the national certification exam, applying for and obtaining state licensing, and searching, processing, and gaining employment may take anywhere from four (4) months to more than a year. The low ARPD rate of 40-60% may not reflect the true employment rate of our graduates (leavers). Other students who withdraw or are dismissed from the OTA program are due to reasons such as unsatisfactory academic performance, general misconducts, and personal health/financial issues. Due to these reasons, participation in secondary education, employment, military services, and/or apprenticeship program are unlikely.

External

The Occupational Therapy Assistant Program is committed to align with Kapi'olani CC's Strategic Plan for 2015-2021. There are four (4) main strategic directions:

- I. Hawai'i Graduation Initiative: Focus on Student Success
- II. Hawai'i Innovation Initiative: Productive Futures of Students, Faculty, and Staff
- III. Enrollment: Improve Re-enrollment and Outreach
- IV. Modern Teaching & Learning Environment

I. Hawai'i Graduation Initiative: Focus on Student Success

In support of outcome and measure (A) Increase annual CA and degree completion by 5% from 1,347 to 1,805, OTA program has been admitting 18 students (despite program capacity of 16 per cohort) to account for 75% attrition rate. Due to admission criteria change for Fall 2016 admission, only 14 applicants were admitted. In addition, the program provides an array of student services to support learning. Students are assigned to faculty mentors for personal and or professional advising. Program Director also provide midterm academic advising sessions for each Fall and Spring semesters. Since Spring 2018, tutoring sessions were offered by Student Help in response to needs. For Fall 2018, lab assistant offered over 246 hours of additional lab practice sessions to help students gain and refine patient handling skills. In addition to office hours, core faculty also have open-door policy to provide guidance, answer questions, and clarify misunderstanding that students may have. The program also utilize learning contract as a support tools to elicit student commitment and outline concrete strategies to facilitate student learning and professional behaviors.

In support of outcome and measure (D) Increase annual UH and non-UH 4-year transfer by 6% from 1,196 to 1,798, OTA program established a bridge program with Pacific University in Oregon to develop a smooth transfer from Kapi'olani CC Associate in Science Occupational Therapy Assistant degree to Pacific University Bachelor of Health Science degree. Program Director also reached out to University of Hawai'i West Oahu to establish a pathway to a Bachelor degree similar to the Respiratory Program.

II. Hawai'i Innovation Initiative: Productive Futures of Students, Faculty, and Staff

In support of outcome and measure (E) Increase annual number of students completing service learning assignments from 700 to 900, OTA program embedded 20 hours of service learning project in HLTH 118 Therapeutic Interpersonal Skills. For the past three years, HLTH 118 was offered twice a year with an average enrollment of 16 students per course.

III. Enrollment: Improve Re-enrollment and Outreach

In support of outcomes and measures (A) Increase fall-to-spring re-enrollment to 75% and (B) Increase annual fall-to-fall re-enrollment to 65%, OTA program offered above mentioned support services to facilitate student success, therefore, re-enrollment in the program from semester to semester.

	2016	2017	2018	3-year Average
Persistence Fall to Spring	90%	96%	89%	91.6%
Persistence Fall to Fall	80%	63%	67%	70%

OTA program has maintained well above 75% of fall to spring re-enrollment for the past three years. Despite the decrease in fall-to-fall re-enrollment has decreased slightly for the past two years, the average persistence remained at 70%.

Starting Fall 2019, HLTH 290 Kinesiology and HLTH 290L Kinesiology Lab will be added as pre-requisites for the OTA program admission. The Kinesiology courses will give the students a more in-depth understanding of body movements and provide a solid foundation for OTA 112/L Pediatric Concepts, OTA 224 Health Concepts for Elderly, OTA 236/L Assistive Technology, and OTA 237/L Physical Dysfunction Concepts courses. Successfully completing those OTA courses with a grade of “C” or higher will allow students to re-enroll the following semester to complete the program.

IV. Modern Teaching & Learning Environment

In support of outcome and measure (F) Invest in staff and faculty development to improve impact practices and currency in their field, OTA program has support faculty, staff, and occupational therapy assistant students in attending conference and continue education over the past three years and will continue to do so.

Date	Conference/Workshop	Attendance
September 16, 2016	Fascination Method	4 faculty/staff 21 OTA/PTA students
June 24, 2017	Hellerworks - therapeutic manual therapy	6 faculty/staff 10 OTA students
January 26-27, 2018	AOTA Self-Study Preparation Workshop	2 faculty/staff
January 27, 2018	Putting Authenticity into Practice	3 faculty/staff 9 OTA students
April 19-22, 2018	AOTA Academic Leadership Councils meeting AOTA Annual Conference & Expo	2 faculty/staff
February 23, 2019	Improve Your Sleep, Improve Your Health	2 faculty/staff 8 OTA students
April 13, 2019	Special Parent Information Network Conference	2 faculty/staff 20 OTA students

In support of outcome and measure (O) Invest in distance education and information technology to improve learning outcomes, student success, and support services, OTA program encouraged its faculty and staff to enroll in the Teaching Online Preparation Program (TOPP) offered by Kapi’olani Community College and piloted or will pilot some of the courses as hybrid (in-person and online) course. Between 2016-2019, two core faculty members and one lecturer have completed the TOPP course. Since Fall 2016, OTA 236 was piloted as hybrid course and will officially convert to hybrid course starting Fall 2019. OTA 224 Health Concepts for Elderly was piloted as hybrid course in Spring 2019 and HLTH 118 Therapeutic Interpersonal Skills will be piloted as hybrid course in Spring 2020.

3. Assessment Results for Program SLOs

The OTA Program Student Learning Outcomes (PSLOs) were assessed annually between 2016-2018. PSLO will continue to be assessed annually for the foreseeable future. PSLO 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 25 questions. Score for the FWPE are based on the following scale:

- 4 = Exceeds Standards
- 3 = Meets Standards

- 2 = Needs Improvement
- 1 = Unsatisfactory

AOTA requires a minimum score of 70 for students to pass their Fieldwork Level II rotations.

The OTA program utilizes the FWPE in the two capstone courses, *OTA 270* and *OTA 271*, also known as “Fieldwork Level IIA” and “Fieldwork Level 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) or occupational therapy assistants (OTA). All didactic courses must be completed prior to participation in Fieldwork Level II A/B as students are to apply all learned knowledge and skills in Fieldwork Level II A/B to demonstrate competency as entry-level practitioners. PSLO 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.

Question 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.

Question 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.

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

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

Question 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.

Question 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.

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

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

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

Question 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.

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

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

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

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

Question 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.

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

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

Question 21: Responds to Feedback – Responds constructively to feedback.

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

Question 23: Time Management – Demonstrates effective time management.

Question 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

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

Question 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.

Question 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.

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

The average scores for each Program Student Learning Outcome from 2016-2019:

PSLO	2016 (n = 30)	2017 (n = 24)	2018 (n = 22)	Average 3-year (n = 76)
1	3.3	3.3	3.4	3.3
2	3.4	3.2	3.3	3.3
3	3.7	3.5	3.5	3.6
4	3.3	3.3	3.2	3.3

5	3.8	3.6	3.7	3.7
6	3.4	3.0	3.2	3.2
Average Total	3.5	3.3	3.4	

Overall, the average total score for the FWPEs and the average individual FWPE item scores met industry standards and expectations.

Part VII. Tactical Action Plan

In support of Kapiolani Community College’s Student Success Pathway, the OTA program will implement the following strategies:

Strategic Direction I. Hawai’i Graduation Initiative: Focus on Student Success

Outcome and measure (A) Increase annual CA and degree completion by 5% from 1,347 to 1,805

1. OTA program will prepare for prepare for ACOTE re-accreditation on-site visit survey in February 10-12, 2020. A comprehensive self-study report is due November 12, 2019, 3 months prior to the on-site visit. Successful completion of re-accreditation will maintain OTA program’s ability to award AS-OTA degrees.
 - a. Performance Measure:
 - Receive ACOTE re-accreditation for 5-, 7-, or 10-year term
 - b. Data to be Gathered to Determine Success:
 - ACOTE Evaluator's Report of On-Site Evaluation
 - c. Position(s) Responsible
 - Dean of Health Academics
 - Chair of Health Sciences Department
 - Program Director of OTA Program
 - Academic Fieldwork Coordinator of OTA Program
 - d. Synergies with Other Programs, Units
 - N/A
 - e. Key Community Partners (if any)
 - Accreditation Council for Occupational Therapy Education
 - OTA Program Advisory Board

2. Review and realign OTA courses to new 2018 ACOTE standards by July 31, 2020 to maintain accreditation.
 - a. Performance Measure:
 - Maintenance of ACOTE accreditation
 - b. Data to be Gathered to Determine Success:
 - Successful completion of accreditation interim report
 - c. Position(s) Responsible
 - Dean of Health Academics
 - Char of Health Sciences Department
 - Program Director of OTA Program
 - Academic Fieldwork Coordinator of OTA Program
 - OTA Program Lecturers
 - d. Synergies with Other Programs, Units
 - N/A
 - e. Key Community Partners

- Accreditation Council for Occupational Therapy Education

Outcome and measure (D) Increase annual UH and non-UH 4-year transfer by 6% from 1,196 to 1,798

3. OTA program will continue to collaborate with University of Hawai'i West Oahu to establish a pathway program to a Bachelor degree.
 - a. Performance Measure:
 - Successful establishment of a Bachelor pathway program with UH West Oahu
 - ARPD Effectiveness Indicator Item #22 Transfer to UH 4-yr
 - ARPD Performance Measures Item # 39 Number of Transfers to UH 4-yr
 - b. Data to be Gathered to Determine Success:
 - ARPD
 - c. Position(s) Responsible
 - Dean of Health Academics
 - Program Director of OTA Program
 - d. Synergies with Other Programs, Units
 - N/A
 - e. Key Community Partners
 - UH West Oahu
 - Health Sciences counselors

Strategic Direction II: Hawai'i Innovation Initiative: Productive Futures of Students, Faculty, and Staff:

Outcome and measure (D) Develop local, national, and global community partnerships that advance the college's strategic outcomes.

4. Submit RTRF Professional Development request or allocate program fee and/or UH foundation to obtain funding for the Program Director and the Academic Fieldwork Coordinator to attend the Academic Council Leadership meeting and American Occupational Therapy Association Annual Conference & Expo in April and Occupational Therapy Association of Hawaii Annual Conference in October to network and establish local and national partnerships. This ensure students receive the most up-to-date information and quality education.
 - a. Performance Measure:
 - Faculty attendance of local and or national conference
 - b. Data to be Gathered to Determine Success:
 - Faculty retreat - review of Professional Development Plan
 - c. Position(s) Responsible
 - Program Director of OTA Program
 - Academic Fieldwork Coordinator
 - OTA Program Lecturers
 - d. Synergies with Other Programs, Units
 - N/A
 - e. Key Community Partners
 - American Occupational Therapy Association
 - Occupational Therapy Association of Hawaii

Strategic Direction III. Enrollment: Improve Re-enrollment and Outreach

Outcome and measure (A) Increase fall-to-spring re-enrollment to 75% and (B) Increase fall-to-fall re-enrollment to 65%.

5. Ensure student-to-faculty ratio for laboratory courses allow for adequate student supervision in order to facilitate students success in passing laboratory courses and progress (re-enroll) to the next semester within the OTA program. Laboratory courses required students to master a variety of entry-level generalist skills: self-care training, physical transfer techniques, wheelchair and mobility device management, feeding and eating skills, use of physical agent modalities, and other intervention methods, such as energy conservation and joint protection principles. Increase multiple laboratory sections to achieve student-to-faculty ratio of no greater than 6-8 students to 1 faculty will allow increase opportunities for students to have supervised practice as well as to receive constructive feedback and immediate remediation.
 - a. Performance Measure:
 - Effectiveness Indicators Item #19 Persistence Fall to Spring and Item #19a Persistence Fall to Fall
 - b. Data to be Gathered to Determine Success:
 - ARPD
 - c. Position(s) Responsible
 - Chair of Health Sciences Department
 - Program Faculty
 - d. Synergies with Other Programs, Units
 - N/A
 - e. Key Community Partners
 - N/A

6. Collaborate with Dean to submit request via the ARF process to hire a third part-time or full-time (9-month) faculty member as a permanent solution to our instructor shortage and decrease overload for current full-time faculty members. Currently OTA program has 2 FTE positions. Per 2018 ARPD data, analytic FTE faculty (#13a) is 3. Analytic FTE is the true reflection of faculty needs as it calculated the sum of semester hours divided by FTE workload, which include program offerings covered by lecturers. To cover for the 3rd FTE workload, OTA program faculty hire at least nine (9) lecturers to cover for various OTA courses. Many of these lecturers are full-time clinicians. This limits their availability for students and made it difficult to coordinate and reinforce a consistent program expectations and manage students' professional conduct.
 - a. Performance Measure:
 - Efficiency Indicators Item # 11 FTE BOR Appointed Faculty
 - b. Data to be Gathered to Determine Success:
 - ARPD
 - c. Position(s) Responsible
 - Dean of Health Academics
 - Chair of Health Sciences Department
 - Program Director of OTA Program
 - d. Synergies with Other Programs, Units
 - N/A
 - e. Key Community Partners
 - N/A

7. Upon completion of re-accreditation, review OTA program curriculum to analyze needs for curriculum revision, such as converting lecture and lab courses to lecture lab courses to allow students to apply learned knowledge immediately without delay and to improve lecture and lab coordination ensuring contents are taught at the same pace.
 - a. Performance Measure:
 - ACOTE Evaluator's Report of On-Site Evaluation
 - b. Data to be Gathered to Determine Success:

- Compliance with 2018 ACOTE Standards
- c. Position(s) Responsible
 - Program Director of OTA Program
 - Academic Fieldwork Coordinator
 - OTA Program Lecturers
- d. Synergies with Other Programs, Units
 - N/A
- e. Key Community Partners
 - Accreditation Council for Occupational Therapy Education

Strategic Direction IV. Modern Teaching and Learning Environments

Outcome and measure (F) Invest in staff and faculty development to improve impact practices and currency in their field.

8. In addition to allocating funding for faculty to attend local and national conference, explore options to allocate funding to support staff and faculty with continue education or subscribe to online education platform tailor to healthcare professionals such as MedBridge Education.
 - a. Performance Measure:
 - Faculty attendance of local and national conference
 - b. Data to be Gathered to Determine Success:
 - Faculty retreat - review of Professional Development Plan
 - c. Position(s) Responsible
 - Program Director of OTA Program
 - Academic Fieldwork Coordinator
 - OTA Program Lecturers
 - d. Synergies with Other Programs, Units
 - PTA Program to share cost with applicable continue education subscriptions
 - e. Key Community Partners
 - American Occupational Therapy Association
 - Occupational Therapy Association of Hawaii
 - MedBridge Education

Outcome and measure (O) Invest in distance education and information technology to improve learning outcomes, student success, and support services.

9. Continue to encourage faculty members and lecturers to enroll in TOPP offered by Kapi'olani CC semesterly
 - a. Performance Measure:
 - Distance Education: Completely On-line Classes Item #23 Number of Distance Education Classes Taught
 - Program faculty/staff completion of TOPP
 - b. Data to be Gathered to Determine Success:
 - ARPD
 - Faculty retreat to gather completion of TOPP data
 - c. Position(s) Responsible
 - CELTT
 - Program Director of OTA Program
 - Academic Fieldwork Coordinator
 - OTA Program Lecturers
 - d. Synergies with Other Programs, Units
 - CELTT

- e. Key Community Partners
 - N/A
- 10. Conduct student survey/focus group to gather feedback regarding hybrid courses and explore the possibility of offering more OTA courses as hybrid education
 - a. Performance Measure:
 - 70% student agreement (Likert scale 4 out of 5) of hybrid learning format for selected OTA courses and positive feedback with hybrid courses
 - b. Data to be Gathered to Determine Success:
 - Student midterm course evaluation for hybrid courses
 - Student CES course evaluation for hybrid courses
 - Exit interview focus group feedback
 - c. Position(s) Responsible
 - Program Director of OTA Program
 - Academic Fieldwork Coordinator
 - OTA Program Lecturers
 - d. Synergies with Other Programs, Units
 - CELTT
 - e. Key Community Partners
 - OTA Program Advisory Board
- 11. Evaluate the needs of the OTA program from faculty during faculty retreat and from students during survey and exit interview for new or additional information technology to improve student success and seek funding to upgrade classroom to promote use of technology and multimedia to integrate universal learning principles in our program
 - a. Performance Measure:
 - Faculty identifying technology/resources needs
 - b. Data to be Gathered to Determine Success:
 - Faculty retreat - faculty feedback and needs
 - c. Position(s) Responsible
 - Program Director of OTA Program
 - Academic Fieldwork Coordinator
 - OTA Program Lecturers
 - d. Synergies with Other Programs, Units
 - CELTT
 - e. Key Community Partners
 - N/A

Perkins Indicator 4P1 Student Placement

- 12. Implement above action plan to ensure quality instructions and increase student success
 - a. Performance Measure:
 - Perkins IV Core Indicator 1P1 Technical Skills Attainment
 - NBCOT New Graduate Passing Rate: 80% or above
 - b. Data to be Gathered to Determine Success:
 - ARPD
 - NBCOT New Graduate Passing Rate data
 - c. Position(s) Responsible
 - Program Director of OTA Program
 - Academic Fieldwork Coordinator
 - OTA Program Lecturers
 - d. Synergies with Other Programs, Units
 - N/A
 - e. Key Community Partners

- National Board for Certification in Occupational Therapy
- 13. Incorporate NBCOT Occupational Therapy Knowledge Exam in OTA curriculum to prepare students for the national certification exam, which students must pass before obtaining employment as an occupational therapy assistant.
 - a. Performance Measure:
 - NBCOT New Graduate Passing Rate: 80% or above
 - b. Data to be Gathered to Determine Success:
 - NBCOT passing rate
 - c. Position(s) Responsible
 - Program Director of OTA Program
 - Academic Fieldwork Coordinator
 - OTA Program Lecturers
 - d. Synergies with Other Programs, Units
 - N/A
 - e. Key Community Partners
 - National Board for Certification in Occupational Therapy
- 14. Continue to host TherapyEd National OTA Certification Exam Review course or explore other exam preparation course to ensure unsuccessful passing of national certification exam, thereby, obtaining employment.
 - a. Performance Measure:
 - NBCOT New Graduate Passing Rate: 80% or above
 - b. Data to be Gathered to Determine Success:
 - NBCOT pass rate
 - c. Position(s) Responsible
 - Program Director of OTA Program
 - Academic Fieldwork Coordinator
 - OTA Program Lecturers
 - d. Synergies with Other Programs, Units
 - N/A
 - e. Key Community Partners
 - TherapyEd
 - National Board for Certification in Occupational Therapy
- 15. Continue to submit Perkin's proposal to seek funding to operate on-campus pro-bono clinic and incorporate interdisciplinary collaboration with other Health Sciences program. Through on-campus clinic experience, students receive first-hand job experience in providing quality occupational therapy services under the supervision of certified and licensed practitioners in an interdisciplinary team.
 - a. Performance Measure:
 - Perkins IV Core Indicator 1P1 Technical Skills Attainment
 - Perkins IV Core Indicator 2P1 Completion
 - Perkins IV Core Indicator 4P1 Student Placement
 - b. Data to be Gathered to Determine Success:
 - ARPD
 - c. Position(s) Responsible
 - Program Director of OTA Program
 - Academic Fieldwork Coordinator
 - OTA Program Lecturers
 - d. Synergies with Other Programs, Units
 - N/A
 - e. Key Community Partners
 - Fieldwork Educators

Part VIII. Resource and Budget Implications

1. Human, Physical, and Fiscal Resources

1. To ensure a successful re-accreditation, ample administration release time of 3-6 TE are needed for Program Director and Academic Fieldwork Coordinator to complete the self-study report and to prepare for on-site visit in February 10-12, 2020.
2. If major curriculum revision needed to realign OTA courses to new 2018 ACOTE standards, administration release time of 2-4 TE may be needed for Program Director and Academic Fieldwork Coordinator
3. No additional resource needed; within Program Director administrative duties.
4. \$7000 of RTRF Professional development fund to support Program Director and Academic Fieldwork Coordinator to attend Academic Leadership Council meeting and AOTA Annual Conference & Expo; \$500 of professional development fund for local conference and workshops
5. Additional ~\$50,000 to support additional lecturers to add 2 sections for six (6) OTA laboratory courses: OTA 111L/L, OTA 112L, OTA 161L, OTA 224L, OTA 236L, OTA 237L, and OTA 249L
6. \$65,000-\$80,000 for salary of a part-time or full-time (9-month) permanent 3rd faculty for OTA program
7. No additional resource needed for review and analysis of curriculum revision; within Program Director administrative duties. However, in the case major curriculum revision needed based on ACOTE accreditation report, 2-4 TE may be needed for Program Director and Academic Fieldwork Coordinator to submit course and program change proposal.
8. \$1000 from program fees to support staff and faculty professional development or subscriptions to online education platform
9. KCC continue to offer TOPP and 3TE of release time for full-time faculty to enroll in TOPP
10. No additional resource needed
11. \$10,000-15,000 to upgrade classroom, maintain and repair current equipment, and purchase educational technology
12. Resources mentioned above
13. \$700 from program fees to purchase Occupational Therapy Knowledge Exam
14. \$4600 from program fees to cover student registration of Therapy Ed course, utilization of classroom
15. Perkins coordinator to facilitate interdisciplinary collaboration among all participating Health Sciences program.

2. Technology Resources

- Existing desktops, laptops, tablets, and printers available to faculty, lecturers, and students
- Existing high resolution projector and smartTV available in classroom
- Existing high speed internet
- Existing common computer software: Google mail, Google Suite, Microsoft Office, Adobe Pro, iMovie (or video maker software), web browser (i.e., Chrome, Explorer, Firefox, etc.)
- Mobile phone with unlimited texting (for clinic and community events)