# RCLS 450 Fall 2014 Final Exam Review Sheet

Returning from the Midterm…

- Validity (*Fill in blank)*
- Reliability (*Fill in blank)*
- Difference between (*Multiple Choice)*
    - Regulatory standards
    - Voluntary standards
    - Professional standards
    - Site specific standards

**<u>Chapter 7</u>** *

**Please note: "short answer" when used in chapters 7 and 8 means you should be able to provide an intelligent, professional response encompassing at least a few of the items described – enough to let me know you'd be able to reply appropriately to your internship supervisor should you be asked about that topic – you do not need to list ALL items verbatim.*

- Behaviors that Impact Reliability of Test Scores *(short answer)*
    - There are some situations where the reliability of test scores may be lower, not because of the structure of the test, but because of the actions of the client being assessed
    - Client Cooperation
        - Two studies indicated that 30% of variance was caused by lack of client cooperation
    - Client's Inability to Report Accurately
        - Issues to consider (page 145)
- Cultural Issues with Tests *(short answer)*
    - Content not universal in scope
    - Narrow cultural context
    - Language Barrier
    - Integrating Cultural Sensitivity into Practice
- Trait vs. State *(short answer)*
    - Trait
        - A characteristic that tends to be long-lasting and enduring.
        - Often used to refer to physical characteristics
        - Traits related to attitudes tend to be learned patterns of thought, beliefs, and action that may also have some genetic basis
        - Examples pg. 149
    - State
        - Relatively short-lived emotional responses or physical functions that are a direct result of a situation or something in the environment (Examples pg. 149 & 151)
        - Importance of disclosing suspected state vs. trait differences (Example pg. 151)

**Chapter 8***

**Please note: "short answer" when used in chapters 7 and 8 means you should be able to provide an intelligent, professional response encompassing at least a few of the items described – enough to let me know you'd be able to reply appropriately to your internship supervisor should you be asked about that topic – you do not need to list ALL items verbatim.*

- ✖ Basic rules when writing in a chart *(short answer)*
  - ✖ Accurate, factual events you can personally vouch for
  - ✖ Write in a timely manner, in the order it happened
  - ✖ Never erase, never use white-out, never scratch it out. Simply make a simple single, line through inaccurate information.
  - ✖ Patient's chart = a repository of *objective* accounting of progress
  - ✖ Document frequently enough to demonstrate continuity of care
  - ✖ Be concise and consistent, while *not* omitting facts
  - ✖ Sign and date every entry, include your professional title
  - ✖ You are responsible for writing your own chart notes
  - ✖ Use descriptive words (see Table 8.1)
  - ✖ Use only abbreviations that have been already approved by the facility
  - ✖ Write legibly, in black ballpoint pen
- ✖ Initiation of services *(short answer)*
  - ✖ Three primary ways a therapist initiates contact with a patient
    - ✖ Whole unit coverage
    - ✖ Referrals
    - ✖ Prescription
- ✖ Documentation relating to the referral and the initial visit *(short answer)*
  - ✖ Acknowledge receiving the referral or prescription in the chart
  - ✖ Note should reflect info. obtained during referral process.
  - ✖ Documentation should also reflect that you have begun to carry out reasons for referral.
  - ✖ Turning down a referral
    - ✖ Examples on how pg. 163

- SOAP Notes *(list)*
    - Subjective
    - Objective
    - Assessment
    - Plan
- Treatment goals and the diagnosis *(short answer)*
    - The treatment goals should directly reflect the diagnosis or functional need of the patient and not the activity.
        - Stay away from writing treatment goals that reflect just the activity
        - Base your treatment goals on the diagnosis or need
- Treatment goals and the assessment *(short answer)*
    - Treatment goals should also reflect the assessment
        - This can be done by taking a measurable need right off of a standardized assessment
- Documentation relating to meds *(short answer)*
    - Some meds a patient is taking may have an impact on their ability to engage in therapy and leisure activities
    - Some medication groups that could have written treatment precautions or protocols are
        - Medications causing sensitivity to the sun
        - Medications to reduce seizure activity
        - Medications to help treat depression
        - Medications with a negative impact on the kidneys
        - Medications that are sensitive to over-hydration
- Documentation relating to ongoing service delivery *(short answer)*
    - Documentation of services should continue the entire time the therapist is working with the patient
    - In order to improve the continuity of your care, always re-read your last entry
    - When the frequency of service or nature of service changes, document the change and the reason for change
    - Informal care conferences regarding patients resulting in change to their care should also be documented

    - Patient's refusal to participate should be documented, with thoughtful consideration of their reasons for non-participation.
- Documenting on sensitive topics *(short answer)*
    - Must document in such a way that it can hold up in court
        - Write down observable facts only
        - Be concrete in describing what was observed
        - Ensure events are written down in the exact order in which they occurred
        - Avoid all mention of feelings
            - Acceptable to quote a patient's mention of their feelings
        - Write your notes within the first hour
- Documenting on discharge *(short answer)*
    - Discharge summary is a short document that provides the reader with
        - An overview of the patient's history (medical and leisure related)
        - An overview of the services received by the patient
        - Initial skills and outcomes measured as a result of therapy intervention
        - Areas still needing to be addressed
        - Recommendations
        - Clear and concise, try to limit to just one page

**<u>Chapter 9</u>**

- Orientation x 3 *(Be able to describe it and list Time, Person, Place)*
    - General term used to express whether the client is oriented to:
        - Time
        - Person
        - Place
    - Example bottom right of pg. 197

- Edema *Fill in blank*
    - Excess intracellular (between cells) or interstitial (between tissues) fluid
    - Body is not able to get rid of excess fluid appropriately

- Signs of Edema *Fill in blank*
    - Requires palpitation of the skin (usually lower leg or ankle area)
    - Gently press down on client's skin, enough to cause a slight indentation
    - Maintain pressure for five seconds, then remove your finger
    - If indentation remains, that is a sign of edema
    - Will also appear taut, shiny, and swollen

- Scale Structures
    - Nominal (*Fill in blank)*
        - Groups pieces of information into categories that are similar in nature
        - There is no linear relationship to the different categories
            - Examples: Gender, title, Disability type, football jersey numbers
    - Ordinal (*Fill in blank)*
        - Groups information into categories that are similar in nature and have a relative, but not exactly defined, progression from less to more
            - Example: Likert Scale
    - Interval (*Fill in blank)*
        - A scale in which each level is clearly defined and the increments between the levels are equal.
            - Examples: ROM, distance, temperature

- *When presented with an example, be able to identify the appropriate answer from the following choices (AKA multiple choice)*
    - Brief Cognitive Rating Scale (BCRS)
    - Checklist of Nonverbal Pain Indicators
    - FACES Pain Rating Scale
    - Functional Independence Measure (FIM)
    - Global Assessment of Functioning Scale (GAF)
    - Global Deterioration Scale (GDS)
    - Mini-Mental State Examination (MMSE)

- Range of Motion *Fill in the blank*
    - Each joint in the body has its own scale that measures the degree of flexibility for that joint
    - ROM measures the maximum extension of a joint to the maximum flexion of a joint and is reported by using the degrees in a circle.
    - Goniometer is the tool that measures ROM (*Multiple choice)*

- Three Step Command (*Fill in the blank)*
    - Not a formal scale
    - But a commonly used ordinal scale to describe a client's observed performance in short-term memory
        - One step command
        - Two step command
        - Three step command
    - Tasks associated with three step command are not nationally standardized
        - Good idea to standardize within facility

**Chapter 11**

- ☐ Grasps vs Grips (*Fill in the blank)*
    - Grasp – used to describe the positions of a client's thumbs and fingers when holding an object
        - Developmental Levels of Hand Grasps - Table 11.1 pg. 306
    - Grip – The measurement of the amount of pressure exerted by the hand and fingers.
        - Endurance of grip measured by dynameters
        - RTs do not generally use dynameters, however grip abilities are worked on during activities and therapy sessions.
- ☐ Coordination
    - The client's ability to move through space and manipulate his/her environment in a synchronized manner
    - Body mechanics refer to the muscle's ability to maintain balance and muscle effectiveness against the pull of gravity to carry out the desired task.

- Key elements of body mechanics to look for during activities *(Fill in the blank)*
    - Alignment
    - Balance
    - Base of Support
    - Gravity

- Gait *(Fill in the blank)*
  - Refers to the client's style of walking
  - When assessing gait, therapist will want to observe the motor patterns, rhythm, cadence, and speed
- Endurance *(Fill in the blank)*
  - Relate to the client's ability to tend to a task, maintain the energy that is necessary to work on a task for an appropriate length of time, and produce an adequate output.

- Sadock & Kaplan (2007) describe seven different categories of observed affect *(Multiple Choice, identify based on description provided)*
  - Appropriate Affect
  - Broad Affect
  - Inappropriate Affect
  - Restricted Affect
  - Blunted Affect
  - Flat Affect
  - Labile Affect

- IRF-PAI
  - Inpatient Rehabilitation Facility – Patient Assessment Instrument
  - Purpose – To gather data to determine the payment for each Medicare Part A fee-for-service patient admitted to an inpatient rehabilitation unity or hospital. This instrument is required, by US federal law, to be completed for every Medicare Part I fee-for-service patient.
  - Population – Clients admitted to an inpatient rehabilitation unit or hospital *(Short answer)*
  - Utilizes the FIM Instrument – Seven point scale that measures the degree of assistance an individual requires to complete a task (pg. 190 and pg.419-423) *(Short answer)*

**Chapter 12**

- Attendance *(Fill in the blank)*
  - Counts how many times or how often a client shows up for activities.
  - Binary count (either/or)
  - Makes no measure of the amount of effort or the quality of emotional involvement in an activity.
  - Important, but says little about quality outcomes achieved through treatment
  - Attendance can be a vital measurement in a variety of ways
    - Initiation
    - Compliance
    - Equipment
- Participation *(Fill in the blank)*
  - Linear concept
    - Participation in activities foes from harming oneself and others (negative recreation and leisure) to cathartic benefits from activity (positive recreation and leisure)
  - Addresses
    - 1. The quality of the actions of a client
    - 2. The amount of effort the client puts into the activity

**Chapter 13**

- Purpose of CIP *(just be familiar enough with it to answer questions about its administration options)*
  - To give the recreational therapist a standardized tool to measure many different aspects of a patient's knowledge and functional skills related to accessing community resources.
- CIP contains six sections with 22 modules, which measure the individual's ability to integrate the skills and knowledge required to function within his/her community

- Six sections *(just be familiar enough with them to answer questions about its administration options)*
    - Community Environment
    - Cultural Activities
    - Community Activities
    - Transportation
    - Physical Activity
    - Independent Plan

- Populations for CIP - Because the CIP is based on the skills necessary to use the resources within one's community, regardless of disability, it may be used with a wide variety of patients. *(short answer)*

- Administration of CIP - Phases

  Three distinct phases *(when presented with an example, be able to identify which phase is being conducted – multiple choice)*

  - Pretest
    - Set of questions asked of the patient prior to going into the community
    - Five sections
      - Prearrangements
      - Transportation
      - Accessibility
      - Equipment/supplies
      - Emergency
    - Goal is to determine the patient's ability to verbally wall/talk through the steps required for successful integration back into his/her community
      - Administration of CIP<br>Three phases
  - Field Trial
    - A list of observable actions to be demonstrated by the patient while in the community.
    - Divided into sections that correspond to the pretest questions
  - Post test
    - A review of the outing
    - Guided by the pretest questions and the patient's impression of how he/she did on the field trial
    - Goal is to determine the patient's ability to remember the problems and solutions encountered on the outing

**Chapter 14**

- Be able to list the two interdisciplinary assessments whose purposes are, in part, to measure quality through identified indicators *(short answer)*
  - RAI/MDS (rehabilitation facilities)
  - IRF/PAI (long-term care)

**Chapter 15**

- Leisure Competence measure
  - Standardized instrument designed to measure outcomes related to therapeutic recreation
  - Contains eight sub-sections *(just be aware of them enough to answer other questions on the LCM, you won't have to list them)*

    1. Leisure Awareness
    2. Leisure Attitude
    3. Leisure Skills
    4. Cultural/Social Behaviors
    5. Interpersonal Skills
    6. Community Integration Skills
    7. Social Contact
    8. Community Participation

- *TRUE/FALSE questions regarding the following info*
  - LCM was designed to be an outcome measurement, not the sole testing tool used to measure the client's status.
  - Intended to complement other TR tools and to categorize and summarize information gained through the assessment process
  - Intended to measure what the client actually does, not what she/he ought to be able to do

- LCM is consistent with the FIM *(short answer)*
- LCM complies with CARF, JCAHO, and CCHSA standards
- When scoring the LCM
  - The client must fulfill all requirements of a level in its entirety.
  - Failure to meet any of the criteria moves the client to the level below
  - A client cannot move to a higher level until all of those requirements are met
  - If in doubt, the client should be rated at the lower level. *(short answer)*

**Chapter 16**

- RAI/MDS
- In 2010, the Centers for Medicare & Medicaid Services updated the MDS from version 2.0 to version 3.0.
- RAI (Resident Assessment Instrument) *(Matching and multiple choice with terms below)*
    - MDS (Minimum Data Set) – test questions
    - Triggers - Scores (or patterns of scores) that have been identified to have specific meanings
        - In order to help decide if the resident currently assessed will also experience the same health or quality of life concern as those with similar patterns previously, a more detailed assessment looking at only the triggered areas of concern is done…
    - RAP(2.0)/CAA(3.0)
        - The more detailed assessment triggered was called a RAP (Resident Assessment Protocol) in 2.0 and is now called a CAA (Care Area Assessment) in 3.0
        - There were 18 RAPS, there are 20 CAAs now
    - RUGS (RUG-IV now) - Resource Utilization Guidelines
        - Part of the scoring and summary component of the RAI
        - Treatment team received a printout summarizing the resident's scores on the RAI, which includes placement of the client into one of the seven treatment groups, or categories – a case mix. Placement is based on a combination of diagnosis, services already being provided by staff, and level of functional ability
        - There were 7 RUG categories in 2.0, there are 8 in 3.0 now.
    - PPS (Prospective Payment System)
        - Method the US government uses to reimburse the nursing homes for the services provided.
        - Based on how the MDS is filled out.
    - Quality Measures
        - The nursing home quality measures come from resident assessment data that nursing homes routinely collect on the residents at specified intervals during their stay.
        - These measures assess the resident's physical and clinical conditions and abilities, as well as preferences and life care wishes.
        - These assessment data have been converted to develop quality measures that give consumers another source of information that shows how well nursing homes are caring for their resident's physical and clinical needs.