## **QUALITIES TO BE RANKED IN OTCAS**

# **Critical Thinking Skill**

- Critical about the exercise routines led by other exercise leaders and designed my own exercise routine
  - 1. Before I started leading the residents as an exercise leader, I shadowed a few other leaders. They led the residents like a yoga trainer, expecting each of the residents to follow their lead. Yet, when I led the residents in this fashion, they rarely followed my lead. Therefore, I became skeptical on the exercise leaders I shadowed, and decided to design the exercise routine based on what the residents prefer. Soon, I discovered that they like ball-related sports. As a result, I changed the exercise routine to ball-related exercises, such as balloon toss and beach-ball soccer. When I changed the routine to these activities, all the residents, who are capable of moving their arms and/or their legs, participate in the exercise with much more enthusiasm and interest.

# **Interpersonal Skills**

One of the overarching criteria for occupational therapist is whether I have interpersonal skills. This means whether I have oral and non-verbal communication, listening, negotiating, problem solving, decision making and asserting skills. Below are the aspects of interpersonal skills I displayed:

# Oral Communication Skills (This category also has its own independent grading section in OTCAS.)

- Through talking to Renee, I discovered that she speaks French, so I used my limited French to talk to her. For example, I often asked her how she was doing in French.
- Develop strategies to talk with patients who have dementia:
  - 1. When I am talking with patients who have severe dementia, such as Renee and Henrietta, I avoid speaking the names of the other residents because I noticed if I said the names of other residents, they would ask me a lot of questions, which prevented me from leading the exercise. For instance, if I am going to push Henrietta next to Lily, I will refer Lily as "her" to Henrietta, so I can prevent Henrietta asking me about Lily.

# **Non-Verbal Communication**

- Develop strategies to communicate to people who has hearing deficit, especially Lily
  - 1. If I want to push Lily's wheel chair, I would pretend to push a wheelchair next to her, so I can tell Lily that I am going to push her wheel chair.
  - 2. If Lily does not understand that I want her to kick the beach-ball, I would first make a few passes to Henrietta or Renee, so I can show Lily how to play beach-ball soccer. Soon Lily learnt the concept, and would kick the ball.

## **Listening and Negotiating**

- Use empathetic conversations to talk to residents who have severe dementia:
  - 1. Residents, like Renee and Irene J, sometimes believed that their parents were still alive and would like to visit their parents. However, I would not remind them that their parents had died. I would go along with their beliefs and said that they could visit their parents after they ate their lunch. Through these empathetic conversations, I can bring these residents back to the reality without hurting them.

# **Problem solving**

- Develop strategies to comfort crying residents:
  - 1. Sometimes Edith will suddenly cry, but I can stop her from crying through playing balloon toss with her.
  - 2. Once, I saw Lily wake up from her sleep and did not know where she was, so she started to cry. I immediately gave her a hug. She immediately stopped crying, and gave me little kisses in return.

# **Decision making**

• I cannot think of any other instances in which I make a decision, besides designing my own exercising routine. So maybe you can use this particular experience and judge my decision making skill.

#### **Asserting skills**

• I do not remember any instances in which I have to firmly tell a resident to not to do something. Therefore, I think you do not need to judge this aspect of the interpersonal skill.

**Side note:** Because I cannot tell you all the aspects of the interpersonal skill I displayed, I want you to use the overall rating that you have from oral and non-verbal communication, listening, negotiating and problem solving as the grade for my interpersonal skill.

#### **Written Communication Skills**

I never give you an essay before, so you can grade this section as N/A.

#### **Conflict Resolution**

I never experience any conflict in Chaparral House, so you can leave this section as N/A.

#### **Initiative**

- Volunteering in other events, such as tea, birthday, holiday, and cocktail parties.
- Before Kim shifted the exercise routine on February, I led the exercise from 12PM to 1PM. However, I did not leave after I finished leading the exercise, I push all the residents into their designated dining rooms before I left.
- Was a Friday morning sensory stimulation leader, or mind and body leader, partnering with Kate for a few times in September, 2013
  - 1. Read stories to Nancy and Obera (Spelling?)
  - 2. Discovered that Lily can read, so I create a booklet of the sounds that animals make and asked Lily to read it out loud for me

## **Adaptability**

- Adapted my exercise routine to a variety of residents with different kinds of physical illness, especially stroke, paraplegia and Parkinson's.
  - 1. Stroke patients: I explored their abilities, and see what kind of exercise suits them. For example, Irene J. has a stroke about three weeks ago, so she can barely move her arms, and thus unable to play balloon toss. However, I found that she can still kick. Therefore, I strongly encouraged her to play beach-ball soccer through passing the ball to her multiple times.
  - 2. Paraplegic patients: One of the patients with paraplegia is Liliac, I discovered that she could not move her leg at all. Therefore, when most residents were playing beach-ball soccer with me, I asked her to use both of her arms and hands to pass the beach ball to me, so she could still participate.
  - 3. Parkinson's: Sometimes, I would stop the exercise with the rest of the patients, and focus on Danis, whom I assumed has Parkinson's. Therefore, I would lift his arm and his leg to do range of motions.

#### **Awareness of Limitations**

- Need to develop more strategies to talk with patients who have severe dementia because I often ran out of strategies to bring them back to the reality without hurting them:
  - 1. Sometimes a resident insisted to stand up, but the regulation in Chaparral does not allow residents to stand up. Therefore, I would first kindly reminded the residents that they could not stand up because their doctor said so. However, these residents still insisted to stand up anyway, so I often asked the volunteer coordinators for help.

# **Team Skills**

- Collaborated with Danny to make a balloon!
  - 1. Danny blew the balloon, and I used a robber band to tie it.
- Encouraged visitors and new volunteers to participate whenever possible
  - 1. Encouraged the daughter of a resident to join the balloon toss
  - 2. Instead of letting new trainee volunteers, such as Michael and Ellie, passively watched me leading my exercise routine, I encourage all of them to help me to lead my exercise, so they could have an active learning experience and remember what they could do as an exercise leader. (I think I also demonstrated my exercise routine and have you, Danny, participate in the routine as well.)

#### **Dependability**

• Punctual: Always arrive on time as an exercise leader