

*Master of Science
Occupational Therapy Program*

Curriculum Guide

2010 - 2011



In Collaboration with the Northern Ontario School of Medicine



Acknowledgements

The Occupational Therapy program is supported by a number of stakeholders who consistently demonstrate support for the education of entry level occupational therapy practitioners. I want to acknowledge and thank them for their contributions. This includes faculty members, community clinicians, alumni, current students, and community partners.

*Lori Letts
Assistant Dean, MSc(OT)
August 2010*

~ ~ ~

“Implicit in PBL and the tutorial process is an awesome respect for the beginning student”

(Federman, 1999, p.93)

“PBL is a primary learning method in which new material is presented, and is not a euphemism for afternoon review sessions with voluntary attendance”

(Kanter, 1998, p.394)

TABLE OF CONTENTS

Background.....	1
McMaster University Mission and Vision.....	2
Mission and Conceptual Frameworks of the MSc (OT) Program.....	3
Curriculum Design.....	8
Terms of Study.....	10
Educational Methods.....	14
Learning Resources.....	16
Student Evaluation.....	18
Our Culture.....	20
References.....	23

BACKGROUND

Occupational therapy is a health profession whose members collaborate in enabling occupation with clients who may be individuals, groups or organizations. Occupational therapy has developed theories and model for professional practice, which are supported by clearly articulated values and beliefs. Client-centredness is one of the beliefs most central to practice. All people have the potential to think and act as participants in their lives. Therefore, to be client-centred, occupational therapists recognize that people are active participants in therapy rather than patients who are being treated. Occupational therapists utilizing this frame of reference support self-help and self-directed approaches in the teaching-learning process.

The curriculum model for the MSc (OT) degree program follows a similar path in preparing students to become competent occupational therapy practitioners, learning within a self-directed, problem-based educational environment.

The initial development of the McMaster School of Rehabilitation Science was based on the strengths of the highly respected Mohawk College diploma programs in Occupational Therapy and Physiotherapy (Westmorland, Salvatori, Tremblay, Jung & Martin, 1996), the BHSc degree completion program offered at McMaster, and on McMaster University's international reputation for innovation in medical education (Saarinen and Salvatori, 1994). The launching of an entry level Master's program in 2000 was part of a natural evolution based upon the creative historical path taken by the School.

Although the original curriculum design and educational methodology were preserved since implementation in 1990, the content is under continual revision, refinement, and consolidation, with input from our local community and professional associations.

McMASTER UNIVERSITY MISSION AND VISION

The Mission

At McMaster our purpose is the discovery, communication and preservation of knowledge. In our teaching, research, and scholarship, we are committed to creativity, innovation and excellence. We value integrity, quality, inclusiveness and teamwork in everything we do. We inspire critical thinking, personal growth, and a passion for lifelong learning. We serve the social, cultural, and economic needs of our community and our society.

The Vision

To achieve international distinction for creativity, innovation and excellence.

FACULTY OF HEALTH SCIENCES MISSION

"Together, Advancing Health Through Learning and Discovery "

Guiding Statement of Purpose

In health sciences education, research and practice, we are here to question, to learn, to discover and to communicate.

Vision

Within a culture of innovation, courage and collaboration, we lead by challenging what is and embracing what could be.

Tenets

We believe in:

- < Interdisciplinary collaboration
- < Commitment to our communities
- < Accountability/ Responsibility
- < Excellence
- < Integrity and respect
- < Optimism

SCHOOL OF REHABILITATION SCIENCE MISSION

The School of Rehabilitation Science aims to provide exemplary educational programs for students in occupational therapy, physiotherapy and rehabilitation science. The School will contribute to the advancement of health care in general and rehabilitation science in particular through excellence in collaborative research and service initiatives.

MISSION AND CONCEPTUAL FRAMEWORKS OF THE MSc (OT) PROGRAM

Mission

The mission of the MSc (OT) Program is to prepare occupational therapists who possess the requisite knowledge, skills, and professional behaviours to practice as entry-level practitioners in a complete range of institutional and community settings in either urban or rural locations throughout Canada and the international community. Students will achieve an understanding of the influence of family, society, culture, and physical environment as they explore the concepts of occupation and health across the lifespan within the context of client-centred practice. Graduates will be prepared to function as independent practitioners, as members of interdisciplinary teams, as critical consumers of research, as agents of change, as leaders in their profession, and as lifelong self-directed learners.

The mission is grounded in professional and educational frameworks, which also serve to shape the Program goals and provide the underlying framework for the curriculum design.

Professional Conceptual Framework

Philosophy of Health

In keeping with current frameworks and definitions of health espoused by the World Health Organization (WHO) and the mission and tenets of the Faculty of Health Sciences at McMaster University, we view health as being central to the economic, social, and cultural well-being of a society. Various factors contribute to the health of individuals, communities, and populations within society. The biological, cultural, developmental, economic, environmental, psychological, social, and spiritual determinants of health must be fully understood in terms of their inter-relationships and their contributions to health, disability and functioning. We therefore espouse a definition of health from the World Health Organization that is "... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (WHO, 2003).

We introduce the Model of Human Functioning and Disability (ICF Model) (WHO, 2001) early in the curriculum as a way to view and describe health. The ICF model thus serves to provide a bridge between views of health and occupation through its common language and interactive model (Polatajko et al., 2007)

We **value** a community approach to health and health care that is characterized by responsiveness to the health needs of the population and by a sense of shared responsibility among all involved. We **believe** that individuals should have the right to participate in decisions about their own health. We also believe that health professionals must work in collaboration with one another, consumers, communities, and populations to develop health policy and to provide a system of accessible, effective and efficient

health care that promotes health and provides a continuum of services within institutions and communities.

Concepts of Occupation and Occupational Therapy

Occupation is a central concept in occupational therapy that "...refers to groups of activities and tasks of everyday life, named, organized and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure) and contributing to the social and economic fabric of their communities (productivity)." (Canadian Association of Occupational Therapists [CAOT], 2002, p. 34).

Our beliefs about occupation are based on the following premises:

- that every individual has inherent worth and is unique
- that every person has a basic need to be engaged in occupation
- that occupation is a determinant of health and well-being
- that individuals and occupations influence and are influenced by the environment
- that an individually determined balance of work, rest and play is essential for health (Townsend & Polatajko, 2007).

Occupational performance and occupational engagement represent the dynamic relationship between a person, environment and occupation over a person's lifespan. Occupational performance refers to "...the ability to choose, organize and satisfactorily perform meaningful occupations that are culturally defined and age-appropriate..." (CAOT, 2002, pg. 30). Recently we have moved beyond performance to acknowledge occupational engagement as a representation of "all we do to 'involve oneself or become occupied; participate'" (Polatajko et al., 2007, p. 34).

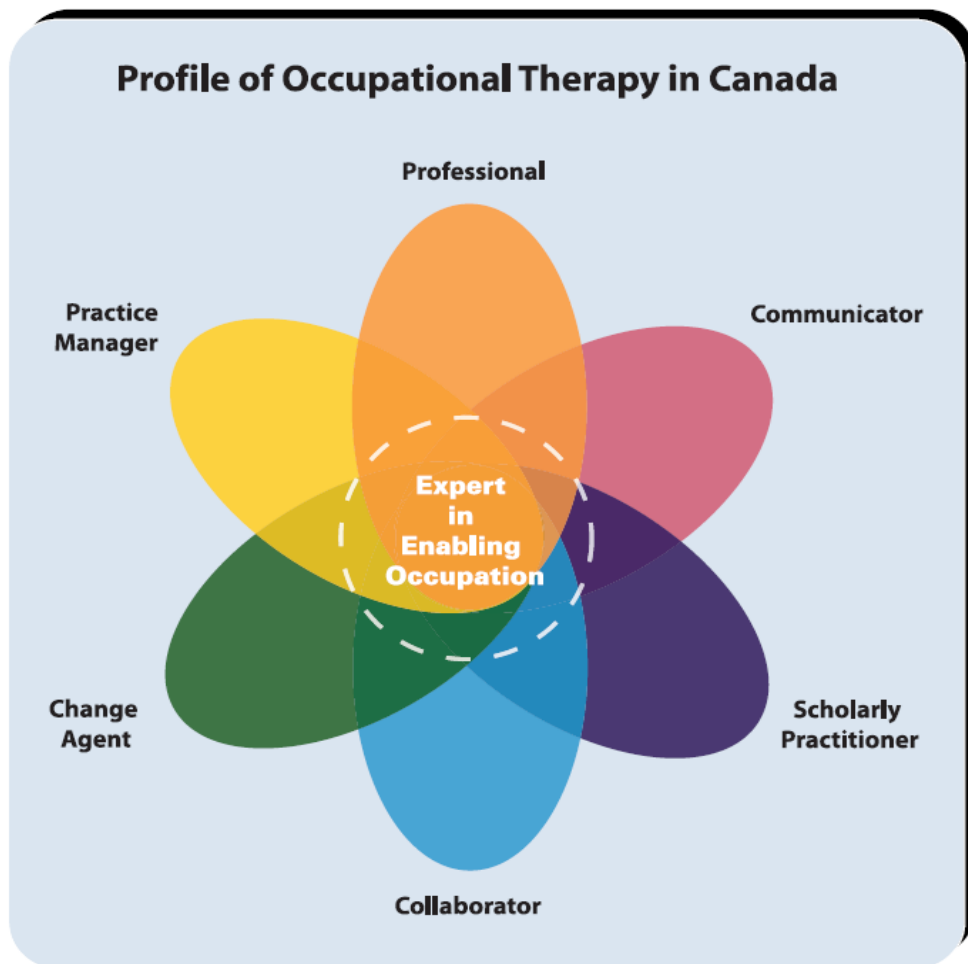
Occupational Therapy uses the art and science of occupation to optimize occupational performance and engagement in the areas of self-care, productivity, and leisure. Occupational therapists work with people of all ages to prevent disability and to promote, maintain, or restore occupational health and well-being. Our broad vision is to enable occupation in people who face emotional, physical or social barriers to develop healthy patterns of occupation.

Our professional framework also includes important principles of the concept of **client-centred practice**. We believe that occupational therapists collaborate with the individual and his/her family throughout the process of assessment, program planning, intervention, and outcome evaluation. The definition of client is often expanded beyond the individual to include families, agencies, communities, and other populations.

Although service to clients constitutes the primary focus of the profession, the scope of practice also encompasses research, education, and administration. Occupational therapists can assume many roles throughout their professional careers (e.g., assessor, intervenor, educator, team member, supervisor, advocate, mediator, consultant, case manager, program manager, department director, administrator, clinical teacher, professor, and researcher), and can work in a variety of settings within the health, educational, and social services systems (for example, hospitals, rehabilitation centres,

chronic care facilities, group homes, nursing homes, schools, industry, medical supply firms, outpatient clinics, private practice, insurance companies, home care agencies, consulting firms, and correctional facilities).

Our program has adopted the Profile of Occupational Therapy Practice in Canada (“OT Profile”) (CAOT, 2007) as a guiding framework. Within the OT Profile, a model of essential competencies for the occupational therapy profession is depicted (see Figure below). The seven key areas (‘roles’) of competency have been identified within our educational program as key outcomes.



Educational Conceptual Framework

The conceptual framework of education espoused by the MSc (OT) Program is based on adult learning theory and principles of self-directed, problem-based learning. Imbedded in this framework is an educational **philosophy of lifelong learning** that faculty and students alike believe in and value.

Self-directed learning (SDL), as outlined by Knowles (1975), clearly assigns the major responsibility for learning to the student. Within the framework provided by the goals and objectives of the program, students should be able to determine their own learning goals, how best to achieve their objectives, how to select learning resources, and how to measure their own progress. Faculty facilitate learning by asking questions, stimulating critical thinking, challenging the students' point of view, providing feedback, and evaluating student performance. Students are encouraged to think and discover during the process of gaining new knowledge, and not simply memorize facts.

Self-directed learning is a component of life-long learning, which is now a clear expectation for all occupational therapists as practitioners within a regulated health profession. Self-directed learning provides students with the essential skills needed to work within changing practice contexts (Solomon & Baptiste, 2005).

Problem-based learning (PBL), as a conceptual framework, contends that knowledge is best remembered in the context in which it is learned, and that acquisition and integration of new knowledge requires activation of prior knowledge (Baptiste, 2003). In contrast to the common approach of using a problem for application after learning has taken place, problem-based learning requires that the learner encounter a problem first as the initial stimulus for learning (Baptiste, 2003; Branda, 1990). The learner thus becomes actively involved in the learning process, can shape it to meet personal needs based on prior knowledge and experience, can engage in independent study appropriate to his/her unique learning style, and can integrate information from many sources, including student peers, into a conceptual framework for use in dealing with future problems.

We believe that problem-based learning is well-suited to the education of health professionals. Health professionals are constantly called upon to meet new demands of managing complex client situations, to adapt to changes in health care policy and delivery, to continue to integrate advances in research into their everyday practice, to access multiple sources of information, and to be responsible for their own ongoing professional development. Small group learning is a natural extension of problem-based learning. To maximize small group learning, we believe it is important to bring students from various educational and work experience backgrounds together so that the heterogeneity of the group itself becomes a valuable learning resource.

The conceptual educational framework that has evolved from the concept of **evidence-based practice** is also an important part of our curriculum. Our faculty members are recognized internationally for the application of evidence-based practice in occupational therapy (Law & McDermid, 2008; Letts et al., 1999). The educational framework that has been developed over the years provides students with a continuum of learning from

reflection to critical appraisal to synthesis to application of evidence in all practice situations. We also believe that evidence comes in many forms (Haynes, Devereux & Guyatt, 2002), and these are all taught to ensure that students recognize that the full continuum of evidence must be considered for sound clinical decision-making (Solomon & Letts, 2005).

An emerging and important educational framework addresses the issue of Interprofessional Education within rehabilitation and health sciences (Salvatori & Solomon, 2005). The Faculty of Health Sciences at McMaster University has developed PIPER (Program of Interprofessional Education and Research) to encourage students to develop strong collaborative and team skills for future practice. Our occupational therapy program has firmly placed interprofessional education as a mandated activity for all students. The PIPER model provides students with four IPE competencies and three levels of activities from which they may choose to meet the mandatory requirements. (see Appendix A – for McMaster University, Faculty of Health Science’s IPE Competencies).

In summary, our educational conceptual framework includes a **philosophy** of lifelong learning that is demonstrated in our beliefs about the value of self-directed and problem based learning for graduate students who are in a professional program. Our **beliefs and values** related to this philosophy can be summarized as follows:

We **believe** in:

- Lifelong learning
- Commitment to our communities
- Accountability/ Responsibility
- Excellence
- Integrity and respect
- Interdisciplinary collaboration
- Evidence-based practice and education

The MSc (OT) Program **values** education which:

- places an equal emphasis on both content and process;
- provides a relevant context in which students can direct their own learning;
- recognizes students as resources for one another;
- promotes the development of lifelong learning skills;
- embodies a positive, energetic, and collaborative learning environment in which both faculty and students are actively involved in the learning process;
- involves partner institutions and community agencies in the development of curriculum and the education of students;
- provides a forum on an ongoing basis for the critical evaluation of teaching and learning activities in relation to students, faculty, curriculum content, and performance of graduates.

CURRICULUM DESIGN

The curriculum is offered as a full-time, accelerated, two-year, entry level master's program, with opportunities to gain practice exposure within a northern context. The curriculum is divided into six terms of study spread over a 25 month period. The curriculum content has been organized using a conceptual framework incorporating the following constructs:

- Person-Environment-Occupation
- Professional Preparation and Development
- Transition to Practice

There are four curricular threads:

- Simplicity to Complexity
- Unifaceted to Multifaceted
- Wellness to Illness
- Local to Global

Similarly, broad categories of issues are also interwoven throughout the curriculum. Examples of these include: ethics, legal implications to practice, policy and planning.

Curriculum Design MSc(OT)

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
								Term 1 Wellness, Health & Occupation			
								* 616 Foundational Knowledge I 617 Inquiry & Integration 618 Professional Roles & Experiential Practicum			
Term 2 Person, Environment & Occupation				Term 3 Disability, Development and Occupation				Term 4 Youth & Development of Self			
* 626 Foundational Knowledge II 627 Inquiry & Integration 628 Professional Roles & Experiential Practicum				637 Inquiry & Integration 638 Professional Roles & Experiential Practicum				* 717 Inquiry & Integration * 718 Professional Roles & Experiential Practicum * 747 (EBP IV) Applying Evidence to Practice: Integration			
Term 5 Adulthood, Community & Participation				Term 6 Complexities of Contemporary Practice							
*727 Inquiry & Integration *728 Professional Roles & Experiential Practicum 748 (EBP V) Research & Practice: Inquiry Seminar				* 737 Inquiry & Integration * 738 Professional Roles & Experiential Practicum 749 (EBP VI) Evidence to Practice Research Project							

* denotes ½ course

Each Term has a particular focus and is organized to integrate elements of inquiry, skills acquisition, professional preparation, small group and independent learning.

The first year of this two-year program consists of six 600-level full courses (Terms 1-3):

Three (3) inquiry and problem-based tutorial full courses, within which knowledge acquisition and integration will take place in the context of large plenary groups and small tutorial groups.

Three (3) skills laboratories/(Professional Roles & Experiential Practicum) full courses, which provide students with opportunities to gain the skills necessary to assess and address occupational performance issues of clients and to observe, explore and engage in the direct application of learned skills and reasoning within a real world environment. Fieldwork-professional practica are part of the PREP courses.

Two (2) foundational knowledge courses, which provide students with an opportunity to gain knowledge in biological, social and research sciences needed for occupational therapy practice.

The second year will consist of nine 700-level courses: 1 full course and 8 half courses (Terms 4-6):

One (1) evidence-based seminar half course in Term 4, which utilizes large and small group formats combined.

One (1) evidence-based practice full course in Term 5, which utilizes large plenary group and on-line methods

One (1) independent study half course in Term 6, during which each student will complete his/her independent evidence-based project

Three (3) advanced inquiry and integration half courses, during which the students will focus upon understanding of advanced practice concepts and enhanced clinical reasoning abilities

Three (3) advanced professional roles & experiential practicum half courses, in which the students will develop advanced practice skills and experience the direct application of those skills in real world environments.

TERMS OF STUDY

TERM 1: WELLNESS, HEALTH AND OCCUPATION

616: Foundational Knowledge I

Foundational Knowledge I is the first of two half courses in the first year of the occupational therapy program, which focus on the requisite knowledge in foundational sciences (biological, social and research) for occupational therapy education, research and practice. Using a self-directed learning approach, students identify their current knowledge level in the three foundational sciences and develop a learning plan. A variety of learning resources are provided by faculty for students to access. Resources include formal learning sessions with faculty, modules on ELM, electronic text, online resources and quizzes. Total in-class time is approximately 36 hours. At the completion of the course, students develop a portfolio on foundational knowledge with evidence to support the achievement of their individual learning objectives.

617: Inquiry and Integration

This problem based learning and Inquiry course provides students with the opportunity to understand the concepts of wellness, health and occupation, and to become aware of issues which are influencing the direction in which health care is changing. By exploring global health concepts and issues specific to health professions, students will begin to build a sound basis and context which will help develop a professional understanding and awareness relative to occupational therapy. To facilitate evidence-based discussion of these concepts and issues, the process of critical appraisal will be employed throughout.

618: Professional Roles and Experiential Practicum

This Term 1 course will focus on developing foundational skills in communication, interviewing, identifying and analysing occupational performance issues, and critical thinking. The course will explore occupation in depth and begin application of the Occupational Performance Process Model, in preparation for occupational therapy practice.

TERM 2: PERSON, ENVIRONMENT AND OCCUPATION

626: Foundational Knowledge II

This half course builds on Foundational Knowledge 1 to provide students with the requisite knowledge in foundational sciences (biological, social and research) for occupational therapy education, research and practice. Using a self-directed learning approach, students identify their current knowledge level in the three foundational sciences and develop a learning plan. A variety of learning resources are provided by faculty for students to access. Resources include formal learning sessions with faculty, modules on ELM, electronic texts, online resources and quizzes. Total in-class time is approximately 36 hours. At the completion of the course, students update their portfolio on foundational knowledge and develop an ongoing learning plan to achieve their individual learning objectives.

627: Inquiry and Integration

This Problem Based Learning and Inquiry course will provide students with opportunities to integrate new and existing knowledge of person, environment and occupation through the exploration of problem scenarios developed from real world situations and experiences. Areas of focus include: theoretical underpinnings of practice, ethics, spirituality, development and determinants and occupation.

628: Professional Roles and Experiential Practicum

This course is designed to provide students with knowledge and skill in assessment and developing intervention strategies for individuals within the environments in which they are working, playing or living and for the occupations in which they engage in the context of their daily lives. The course stems from the Person Environment Occupation model as well as the Canadian Model of Occupational Performance.

TERM 3: DISABILITY, DEVELOPMENT AND OCCUPATION

637: Inquiry and Integration

This course is designed to provide students with opportunities to develop an understanding of models for understanding disability, development and occupation through large group discussion and exploration of learning issues developed from problem scenarios. The course will focus on disability theory, models of occupation, and developmental theories.

638: Professional Roles and Experiential Practicum

This Term 3 course builds on applying the occupational performance process model in a number of clinical scenarios. Course content will move into consideration and understanding of multi-system problems, and clinical problems which illustrate complexity and chronicity. Students will be expected to apply principles of evidence-based practice, critical thinking and clinical reasoning. Areas of focus include: working with children through play and in school settings, home and community practice, group interventions, psychosocial interventions, neurology, and using technology. The course also includes a practicum within a practice setting.

TERM 4: YOUTH AND THE DEVELOPMENT OF SELF

717: Inquiry and Integration

The purpose of this course is to provide students with an opportunity to gain a more in-depth understanding of childhood and adolescence. Students will investigate a variety of factors that may impact on individuals as they experience occupation during their development. Students will participate in large group sessions and problem-based tutorials where theory, family-centred care, legislation and ethics, complexities of practice, emerging occupational therapy roles and multifaceted systems will be explored.

718: Professional Roles and Experiential Practicum

This course is designed to provide opportunities for the student to learn advanced practice skills in occupational therapy for children and adolescents. Course content is based on the most prevalent health problems, the most commonly used and evidence-

based assessments, interventions and service-delivery models in pediatric occupational therapy. Emphasis will be placed on applying the learning to case-scenarios and more in-depth exploration of roles, models of practice and settings.

747: Evidence Based Practice IV

This course is a half course that runs in Term 4 of the second year of the program. It is organized based on small group learning with facilitators to support each group. The focus is on students refining their skills in searching, appraising, and applying research and other evidence related to practice dilemmas. Each student will present his/her analyses of the evidence on two practice dilemmas. Large group resource sessions will be offered to ensure students gain appraisal skills and knowledge needed to support their work in seminar groups.

TERM 5: ADULTHOOD, COMMUNITY & PARTICIPATION

727: Inquiry and Integration

This half course is the second part of a series of three half courses which are designed to work together across a full academic year, therefore, their content and design are similar. The emphasis in this term is upon adulthood and disability, with a focus on participation in adult roles. The purpose of this half course is to provide the students with opportunities to pursue advanced knowledge and understanding of complex concepts underlying occupational therapy practice with adults and older adults within specialized areas of professional practice. Students will consider, through large group seminar sessions and in-depth exploration within small group problem-based tutorials, issues that pertain particularly to adults and older adults within the scope of occupational therapy practice.

728: Professional Roles and Experiential Practicum

This half course is the second part of a series of three half courses with the emphasis in this term upon adulthood and disability. This practically-based half course will provide students with the opportunity to develop advanced practice skills within laboratory and real world situations. The focus of the skills labs will provide access to a broad spectrum of applied practical knowledge, whereas the placements in practice settings will focus more specifically upon areas relative to each student's learning needs. The course coordinator will advise and approve all students' learning plans, which will build upon and enhance those learning plans identified within the Inquiry and Integration course (727).

748: Evidence Based Practice V

This full course runs in Term 5 of the second year of the program. It builds on EBP IV 747 in Term 4 and will continue to focus on evaluating the evidence, interpreting the evidence, and more advanced, specific topics pertinent to Evidence Based Practice. It consists of large group resource sessions once per week. The sessions will involve guest experts and resource people who will focus discussion relating EBP to the practice of occupational therapy. Students will have the opportunity to engage in an interactive format and raise issues for discussion. It also includes a Program Evaluation web course, an interactive, self-directed web learning experience. Students will also begin their research project which includes a five-week research practicum.

TERM 6: COMPLEXITIES OF CONTEMPORARY PRACTICE

737: Inquiry and Integration

This half course is the third part of a series of three half courses which are designed to work together across a full academic year; therefore, their design is similar. Students will select six areas of study across the three half courses with the emphasis in this term upon the complexities of contemporary practice. The purpose of this half course is to provide the students with opportunities to pursue advanced knowledge and understanding of complex concepts underlying occupational therapy practice with client populations within specific developmental groups and within specialized areas of professional practice. Students will consider, through large group seminar sessions and in-depth exploration within small group problem-based tutorials, issues that pertain particularly to children, adolescents, adults and older adults within the scope of occupational therapy practice. Large group seminar and small group tutorial formats are utilized.

738: Professional Roles and Experiential Practicum

This half course is the third part of a series of three half courses with the emphasis in this term upon the complexities of contemporary practice. This practically-based half course will provide students with the opportunity to develop advanced practice skills within laboratory and real world situations. The focus of the skills labs will provide access to a broad spectrum of applied practical knowledge, whereas the placements in practice settings will focus more specifically upon areas relative to each student's learning needs. This course coordinator will advise and approve all students' learning plans which will build upon and enhance those learning plans identified within the Inquiry and Integration course (737).

749: Evidence Based Practice VI

This half course runs in Term 6 in the second year of the program. It builds on EBP V 748 in Term 5. It focuses on synthesizing and disseminating research evidence in Occupational Therapy. It consists of individual research projects that were initiated earlier in the year in Term 5 and completed in Term 6.

EDUCATIONAL METHODS

The **educational methods** utilized in our different types of courses are outlined below:

Problem-Based Tutorials are central to the learning process. Students, in small groups, meet the course objectives by exploring a variety of health and professional problems likely to be encountered in practice. The focus is on problem-based learning to gain knowledge, and on clinical reasoning to apply and integrate knowledge within a relevant context. The tutor functions as a facilitator of learning rather than a disseminator of information. Tutorial size may vary from five to eight students. Tutorial group membership is changed each term to maximize interaction among faculty and students.

Inquiry Seminars are conducted as large group resource sessions. They are designed to provide opportunities to explore and discuss major topics of professional interest and theoretical concepts which are central to the development and practice of the profession. Presentations by guest lecturers, small group activities, large group discussions, and student presentations are commonly used formats to enhance learning. Inquiry seminars serve to promote critical thinking and provide the theoretical perspectives to guide and support the learning process.

Skills Laboratories (Professional Roles & Experiential Practicum (PREP) provide students with the opportunity to acquire the skills needed to assess and address occupational performance problems of clients of all ages. The sessions complement the health problems encountered in the problem-based tutorials and facilitate the integration of theory and practice. The instructors include the course coordinators and clinical experts drawn from the faculty and the community. Class discussion, demonstration of techniques, practice sessions, community experiences, observation of performance and feedback to students are some of the strategies used to help students develop competence in core occupational therapy skills.

Evidence-based Practice Seminars, Inquiry Course and EBP Project (EBP Courses 747, 748, 749) take place in the second year of the program to focus students' learning on the competency of Scholarly Practice, which is now a core concept of our professional framework. Again, consistency with our educational conceptual framework is ensured by Course Coordinators through the use of "clinical dilemmas" in EBP 747 and clinical scenarios and problems in EBP 748. Self-directed learning is promoted in all three courses, as students are required to design their own clinical dilemmas, programs for evaluation and topics for their major EBP project in the EBP 749 course.

Fieldwork - Professional Practicum is an essential component of a student occupational therapist's education program. We have purposefully chosen to integrate practicum as part of our PREP Courses in each term, to explicitly acknowledge that fieldwork and academic learning are interrelated, which is consistent with the integration of both educational and professional frameworks within our programs. The Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT) (Bossers, Miller, Polatajko & Hartley, 2007) is used to evaluate essential competencies and individualized learning objectives in keeping with the self-directed philosophy of our program.

Opportunities for interprofessional education occur throughout the curriculum in the form of combined learning experiences and/or special events with other groups of students within and beyond the McMaster community. Consistent with our educational framework, students are expected to be self-directed in selecting the learning experiences that best meet their individual learning needs. A 'menu' of interprofessional learning experiences is provided to students, the choices included being consistent with our current philosophy about interprofessional education and practice as part of professional preparation and competencies.

Beginning in term 1 of the program, students will be introduced to a process of self-assessment and reflection related to the competencies of the Occupational Therapy Profile. This "professional portfolio" will provide students with an opportunity to engage in the process of identifying learning issues that need to be addressed in order to be prepared for Entry Level practice. It will be submitted to advisors in terms 3 and 5. The process is designed to be consistent with many of the requirements for the portfolios that must now be maintained by all registered occupational therapists. The portfolio prepares our students for future practice.

LEARNING RESOURCES

Learning resources fall into three broad categories:

1. Health Care Problems or “learning scenarios” are the central resource within our problem-based educational framework
2. People Resources
2. Reference Resources

Health Care Problems: “Learning scenarios”

Health care problems, used in small group tutorials, are the principal stimuli for learning. They are designed to reflect the important health problems of individuals, groups and communities served by occupational therapists. While primary attention is given to the local communities in the Hamilton-Wentworth region and Northwestern Ontario, attention is also paid to provincial, national, and international populations.

Health care problems are reviewed and revised annually by the curriculum planners, course coordinators, students, curriculum committees and other content experts.

Problem scenarios are the primary learning resources in the problem-based tutorials (PBT). The problem scenarios may focus on an individual, a particular community or population, or a professional issue. Problem scenarios are also used in other courses as the impetus for learning, but not to the same extent as PBT.

“People” Resources

Standardized patients: are individuals who are trained to simulate a health care problem. In the problem-based tutorials and in skills labs they provide opportunities for students to learn and practice skills such as interviewing, assessment, treatment, or to explore attitudes, values, and professional behaviour. Standardized patients are also trained to provide immediate and constructive feedback to students.

Community members, consumers and clients as learning resources: serve as the primary resource for learning in the professional preparation component of each term. Under the supervision of a practice preceptor, students have the opportunity to integrate the knowledge, skills, and professional behaviour learned in the academic component of the term.

The OT program has utilized ‘consumers’ and community members with disabilities in our curriculum for many years. Recently, we have formalized this learning resource by creating a “Community Scholar” program. Community members participate in our courses in a variety of ways (for example, as guest speakers, as ‘clients’ for exams) and these persons are formally recognized as “Community Faculty” within our learning environment.

Other resource people: include faculty in the School of Occupational Therapy and Physiotherapy, the Faculty of Health Sciences and other Faculties of the university, tutors, practicum (fieldwork) preceptors, expert clinicians, community health

professionals, and student peers. Students are also encouraged to contact and visit community agencies as part of their information searches.

Reference Resources

Using health care problems as the basis for learning, students are expected, on an individual or group basis, to identify specific learning issues/needs that arise from the "problem" under study. Exploring issues in the Inquiry Seminar courses or investigating topics for written papers also require the use of resources.

Reference resources fall into several categories:

- i) *Books, journals, and government documents*: available through the library network with the primary resources located in Health Sciences Libraries.
- ii) *Audio-visual materials* (photographs, videotapes, slides, audiotapes, and films): available in the Health Sciences Libraries at McMaster University and within the School of Rehabilitation Science.
- iii) *Computer Resources*: include access to computer terminals, the Internet, World Wide Web, various databases for searching the literature, several e-learning modules/packages, wiki pages and other electronic resources.
- iv) *Anatomy and pathology resources*: include a large number of protected wet specimens, plastic models, videotapes, slide-shows, and self-study modules.
- v) *Custom Courseware packages*: are available for some study Terms. They contain key articles, as well as recommended articles that are not accessible electronically. Custom Courseware is available from McMaster Health Sciences Book Store at a price that reflects the cost of copyright permissions and copying charges.

STUDENT EVALUATION

Student performance is evaluated on a regular basis throughout the MSc (OT) Program using a variety of evaluation tools that are consistent with the basic principles of problem-based learning and self-directed learning.

The evaluation process can be formative or summative, and as such, it provides valuable feedback to students to enhance their learning. Evaluations are also used to assure faculty, students, clients, and society that graduates possess the required knowledge, skills, and professional behaviours to function as competent professionals.

Evaluation presents a challenge for any curriculum. A curriculum founded on the basis of problem-based, self-directed learning lends additional dimensions to this challenge. As no single evaluation method can assess all domains of learning or competence, various methods must be used. The choice of the evaluation tool is based on its educational value (e.g., formative or summative), its measurement properties (e.g., reliability, validity, generalizability), and its feasibility (e.g., time needed, resources required, costs).

Some of the student evaluation tools used in the OT Program are described below:

Tutorial performance of the group as a whole and of each of its members (including the tutor) is evaluated on a regular basis throughout each term. The final student mark is based on knowledge, use of learning resources, group participation and facilitation, clinical reasoning, critical appraisal skills, and evaluation skills (i.e., self-assessment, peer-assessment, and tutor evaluation).

Written exams focussed on foundational knowledge and/or clinical reasoning use various formats including multiple choice, short or long answer format.

Modified essay questions (MEQs) are designed to assess aspects of practice reasoning and problem-solving using a paper problem as a stimulus. The MEQ presents the student with progressive amounts of information about a practice problem in a sequence predetermined by the examiner. At successive stages, the student responds to the information and is asked to make and explain his/her decisions.

Essays are used to evaluate knowledge, critical appraisal skills, critical thinking, analysis, and synthesis skills. The essay tests the understanding of principles or relationships, and fosters independent thinking and learning. Furthermore, it is used to develop and evaluate writing skills. Essays are assessed on content, organization, style, and mechanics. A problem write-up which focuses on a particular case scenario/client problem is a variation of the traditional essay.

Direct Observation techniques are used primarily to evaluate technical/behavioural skills. This type of practical examination might be used to evaluate interviewing skills, assessment techniques, and/or use of therapeutic interventions. Direct observation is frequently used in clinical practica as well.

Presentations are also used throughout the Program. A health care professional must be articulate, able to defend an opinion or position, and able to present information and ideas in an organized and clear manner. To help the students develop these skills, individual and group presentations are used as evaluation components in most terms. Poster or podium presentations are used to present results of students' research projects.

Practicum Evaluation The *Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT)* (Bossers, et al., 2007) is used to evaluate student performance during all practicum experiences and guides remedial work. The use of the CBFE-OT which incorporates both visual analogue scale (VAS) and student learning objectives, reinforces the student's role as an active participant in the process of learning rather than a passive recipient. In the professional preparation setting, the CBFE-OT allows the student to meet the Program objectives and also to pursue individual objectives. CBFE-OT is a document drawn up by the student and negotiated and approved by the practice preceptor or faculty member. It specifies seven essential competencies, what the student will learn, how this will be accomplished, within what time frame, and what specific evaluation criteria will be used for each objective. The CBFE-OT reconciles the "imposed" requirements of the Program with the learner's own personal goals and objectives. It enables the student to individualize his/her own way of achieving personal learning objectives, and to measure the progress towards achieving them. Objective measurement of the attainment of essential competencies through the integration of skills, knowledge and professional behaviours is also guided by the competencies from the Profile of Occupational Therapists in Canada.

OUR CULTURE – Faculty Expectations

Setting the Context:

There have been many discussions among the faculty in the occupational therapy program since 1999 that have focused upon our underlying beliefs and expectations – our ‘culture’. These foundational beliefs and values are important for students to understand from the date of their entry into the occupational therapy program. Therefore, this document has been developed to provide that background and clarity and to be a seed document from which further understanding can be derived and experiences interpreted.

Our cultural beliefs and expectations:

- ❖ *Faculty members relate to students as future colleagues* – thus collaborative relationships are formed and first names are used. However, we, as faculty, have to evaluate the students; therefore the professional expectations of honesty, mutual respect and trust are essential elements for which we all must strive.
- ❖ *We use the term “student occupational therapists” deliberately* – this indicates the respect we, as faculty have for our students, and recognizes that they are already entering the profession of occupational therapy in a learner capacity. This term also reinforces the expectations of mutual regard and respect that we nurture and inculcate within the program.
- ❖ *Foundational knowledge is not “taught”*: students as learners are responsible to identify learning gaps and then seek the necessary understanding to fill them. We will assist students in determining the resources they need.
- ❖ *Structure within a PBL environment is not obvious*. A PBL curriculum model is based on three key components: clear objectives, clear assessment tools and expectations, and accessible learning resources. These environmental components provide the shell; the integration of learning and understanding is accomplished through student/faculty discussions, large and small group sessions, clinical skills labs and field work experiences.
- ❖ *We have advisors for academic issues*. An advisor can help students in sorting out the priorities and designing overall learning plans. Advisors also provide ongoing input to the students’ portfolios, and they can help students locate resources within the university.
- ❖ *We believe in inclusive education* acknowledging, respecting and accommodating individual differences and diversity of learning needs.
- ❖ *We work closely with our clinical community*, as many OT clinicians are tutors, preceptors and guest instructors. We believe strongly in community partnerships. We also need to respect the demands placed on community clinicians and give them time to respond to our requests.
- ❖ *We believe that learning can be fun*. We aim for elements of both play and work in our program.

Self Directed Learning (SDL) is a key educational framework:

- ❖ *It is a critical part of life long learning*.
- ❖ *It can be sabotaged in many ways*. It is important for students to develop a way to identify their own learning style and preferences as early on as possible to

ensure that work gets done on time. SDL can be side-tracked easily by social demands, time management concerns and other personal expectations. We aim for the 'just right challenge' in the program, as this can become the motivator for learning.

- ❖ *It constantly requires us to evaluate and monitor* how well we are managing to learn, keep up with required timelines and identify the scope and breadth of what we are learning. The critical question is often "Is this enough?"
- ❖ *It demands that we seek opportunities/resources* to further our learning.

There are Graduate School expectations:

- ❖ *Students in our program are graduate students* and there are master's level expectations that need to be recognized.
- ❖ *Writing skills are central and cannot be ignored.* Good writing means two different things in this program; academic writing will become polished through written assignments; professional writing, such as documentation and reports, will become honed through the integration of practical skills with writing skills.
- ❖ *Evidence-based practice will become a cornerstone* of everything students do. Using evidence to guide actions and decisions is essential; students will learn what constitutes evidence and that it is often much broader than they realize.
- ❖ *The integration of theory and practice* is a critical and central expectation of master's level education and our professional practice.

There are cultural expectations of a Professional Program:

- ❖ *The occupational therapy program* educates "therapists", which therefore incorporates socialization of a professional within all learning opportunities.
- ❖ *There are components of core knowledge, skills and attitudes* that are needed and are not negotiable. The outcome of our program is based on key competencies, set out by our national association and regulatory bodies.
- ❖ Our curriculum is based on several core constructs involving professional behaviours and attitudes.
- ❖ *Practicum opportunities build* upon what is learned within the academic portion of the program; fieldwork/practicum experiences are closely aligned and related to academic learning.
- ❖ *Feedback is a critical form of learning and evaluation* and should be:
 - Balanced (sandwiched if appropriate: positive-constructive-positive)
 - Used to identify gaps in learning
 - Not "personal"
 - Part of collaborative learning, thus potentially benefiting everyone
 - For all: student as learner, faculty (includes tutors, preceptors) as facilitator and ongoing learner
 - Similar to clinical skills of conveying information and feedback to clients and teams.

Our culture influences Evaluation and Grading:

- ❖ *A grade of 'B' denotes that a student is at a "competent" level of performance.* A 'B' is considered a good, average grade at a master's level.
- ❖ *Faculty consider what competent means* for each assignment, using the CAOT Profile of competencies.

- ❖ *The process of learning is as important as content* – therefore faculty are always evaluating how a student is thinking - This element of “clinical reasoning” is essential for professional practice.
- ❖ *Multiple choice question tests are rarely used.* The focus is on clinical reasoning and evaluation methods that fit with PBL and self-directed learning principles
- ❖ *We are always looking for elements of linking evidence to outcomes.*
- ❖ *Elements of writing and referencing (APA Style) are always part of the evaluation of written work.*

Faculty have expectations of Students:

- ❖ *Take responsibility for your own learning.*
- ❖ *Build on previous experience.*
- ❖ *Determine the best way to learn for yourself, based on personal learning style.*
- ❖ *Come to faculty with specific learning issues or concerns.* Use other university services to support your learning throughout the two years. Openness and honesty is critical and also helpful to everyone.
- ❖ *Advocate for enhanced learning with faculty:* that is, gain basic information from a textbook or article then come to faculty for clarity and further understanding.

We also have expectations of ourselves as Faculty:

- ❖ *We as faculty should give students feedback* about their learning behaviours – we need to provide our perspective, what we liked, didn’t like, etc. in order for students to learn and grow.
- ❖ *We can provide students with some knowledge,* using and encouraging SDL strategies. We will give students resources to get started.
- ❖ *Most faculty members are both OTs and teachers,* and we therefore must adhere to regulatory requirements of our profession and standards of the university.
- ❖ *Faculty must keep up-to-date* on professional and educational research and trends, and incorporate these trends into the curriculum.
- ❖ *The faculty members bring OT principles to “practice”* with students as ‘clients’, (e.g., promote autonomy, ensure informed decision making, use a ‘student-centre’ approach to teaching).
- ❖ *Differences and diversity need to be respected*
- ❖ *Balance is important* for both students and faculty, therefore faculty are not expected to be available 24 hours a day or 7 days a week, and usually are not expected to respond to requests the same day.
- ❖ *Faculty are not “living in the moment” as students are,* and therefore are not expected to be cognizant of the ‘immediate’ nature of an issue from a student’s perspective without some clarification.

REFERENCES

- Baptiste, S. (2003) *Problem based learning: A self-directed journey*. Thorofare, NJ: Slack Inc.
- Bossers, A., Miller, L. T., Polatajko, H. J., & Hartley, M. (2007). *Competency based fieldwork evaluation for occupational therapists (CBFE-OT)*. Scarborough, ON: Thomson Nelson.
- Branda, L. A. (1990). Implementing problem based learning. *Journal of Dental Education*, 54(9), 548-549.
- Canadian Association of Occupational Therapists. (CAOT) (2007). *Profile of Occupational Therapists in Canada*. Ottawa, ON: CAOT Publications ACE.
- Canadian Association of Occupational Therapists. (2002). *Enabling Occupation: An Occupational Therapy Perspective (revised ed)*. Ottawa, ON: CAOT Publications ACE.
- Federman, D. D. (1999). Little-heralded advantages of problem-based learning. *Academic Medicine*, 74, 93-94.
- Haynes, R. B., Devereaux, P. J., & Guyatt, G. J. (2002). Clinical expertise in the era of evidence-based medicine and patient choice. *ACP Journal Club*, 136, A11.
- Kanter, S. L. (1998). Fundamental concepts of problem-based learning for the new facilitator. *Bulletin of the American Library Association*, 86(3), p. 391-395.
- Knowles, M. (1975). *Self-directed learning: A guide for learners and teachers*. Chicago: Follett Publishing Company.
- Law, M., & MacDermid, J. (Eds.) (2008). *Evidence-based rehabilitation: A guide to practice* (2nd ed.). Thorofare, NJ: Slack.
- Letts, L., Law, M., Pollock, N., Stewart, D., Westmorland, M., Philpot, A., et al. (1999). *A programme evaluation workbook for occupational therapists: An evidence-based practice tool*. Ottawa, ON: CAOT Publications ACE.
- Polatajko, H. J., Davis, J., Stewart, D., Cantin, N., Amoroso, B., Purdie, L., et al. (2007). Specifying the domain of concern: Occupation as core. In E. Townsend & H. Polatajko (Eds), *Enabling Occupation II: Advancing an Occupational Therapy Vision Through Health, Well-being and Justice Through Occupation* (pp. 13-36). Ottawa, ON: CAOT Publications ACE.
- Saarinen, H., & Salvatori, P. (1994). Educating occupational and physiotherapists for the year 2000: What, no anatomy course?. *Physiotherapy Canada*, 46, 81-86.

- Salvatori, P., & Solomon, P. (2005) Interprofessional education. In P. Solomon & S. Baptiste (Eds.). *Innovations in Rehabilitation Sciences Education. Preparing Leaders for the Future* (pp. 95-111). Heidelberg, Germany: Springer
- Solomon, P. & Baptiste, S.E. (Eds.) (2005). *Innovations in Rehabilitation Sciences Education. Preparing Leaders for the Future*. Heidelberg, Germany: Springer.
- Solomon, P., & Letts, L. (2005). Evidence-based practice for the rehabilitation sciences.. In P. Solomon & S. Baptiste (Eds.). *Innovations in Rehabilitation Sciences Education. Preparing Leaders for the Future* (pp. 59-74). Heidelberg, Germany: Springer.
- Townsend, E., & Polatajko, H. (2007) *Enabling occupation II: Advancing an occupational therapy vision through health, well-being and justice through occupation*. Ottawa, ON: CAOT Publications ACE.
- Westmorland, M., Salvatori, P., Tremblay, M., Jung, B., & Martin, A. (1996). The once and future program: Educational innovation in occupational therapy. *Canadian Journal of Occupational Therapy*, 63, 44-54.
- World Health Organization (WHO). (2001). *International Classification of Functioning, Disability and Health*. Geneva: WHO.
- World Health Organization. (2003). Definition of health. Retrieved January 30, 2009 from <http://www.who.int/about/definition/en/print.html>.