## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum Overview</td>
<td>2</td>
</tr>
<tr>
<td>A case-based, experiential, professional master’s degree program.</td>
<td></td>
</tr>
<tr>
<td>Accreditation</td>
<td>4</td>
</tr>
<tr>
<td>Vision and Mission of the Department, Faculty and University</td>
<td>4</td>
</tr>
<tr>
<td>Conceptual Framework for Occupational Therapy Practice and Education</td>
<td>5</td>
</tr>
<tr>
<td>Program Goal</td>
<td>5</td>
</tr>
<tr>
<td>Learning Objectives</td>
<td>5</td>
</tr>
<tr>
<td>Program Philosophy</td>
<td>8</td>
</tr>
<tr>
<td>Concepts and Process (Cube)</td>
<td>8</td>
</tr>
<tr>
<td>Courses</td>
<td>10</td>
</tr>
<tr>
<td>Pre-requisites/Admission requirements</td>
<td>10</td>
</tr>
<tr>
<td>Curriculum Streams</td>
<td>10</td>
</tr>
<tr>
<td>Brief course descriptions</td>
<td>11</td>
</tr>
<tr>
<td>Program Structure</td>
<td>13</td>
</tr>
<tr>
<td>Curriculum Map (24-month calendar)</td>
<td>13</td>
</tr>
<tr>
<td>Integrated Academic Terms and Fieldwork</td>
<td>14</td>
</tr>
<tr>
<td>Learning Environment and Methodologies</td>
<td>14</td>
</tr>
<tr>
<td>Students and Faculty</td>
<td>14</td>
</tr>
<tr>
<td>Physical Resources</td>
<td>15</td>
</tr>
<tr>
<td>Case-based, Experiential, and Supplementary Methodologies</td>
<td>15</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>16</td>
</tr>
<tr>
<td>References</td>
<td>17</td>
</tr>
<tr>
<td>Appendix: Historical Highlights</td>
<td>18</td>
</tr>
</tbody>
</table>
Curriculum Overview

The University of British Columbia offers the only educational program for occupational therapists in British Columbia – and has done so since the first class was admitted in 1961. The Master of Occupational Therapy [MOT] program was introduced at UBC in 2004, replacing the Bachelor of Science in Occupational Therapy [BSc(OT)] program. (Historical Highlights are in the Appendix). In 2010, 14 universities in Canada offer occupational therapy professional programs, 10 of them in Ontario and Quebec.

Just over one-third of BC’s 1800 occupational therapists were educated at UBC. The program presently admits 48 students each year.

The purpose of the MOT program is to prepare graduates to enter occupational therapy practice in any setting in Canada and elsewhere. Therefore, the curriculum is designed to meet national and international accreditation standards and the essential competencies required by provincial regulatory organizations, with an emphasis on the practice expectations of graduates and employers in the province of British Columbia.

The MOT is a professional graduate degree. It is a two-year program of study following the completion of a baccalaureate degree in any field (with a minimum of three pre-requisite courses). The professional master’s degree differs from a research-intensive degree in that it focuses on a professional knowledge base and clinical practice skills, and has a major paper in place of a thesis. The curriculum design is based upon concepts informing occupational therapy practice and professional education. Fundamental to the philosophy of the program are beliefs related to (a) client-centred practice, or collaborating with the recipients of occupational therapy services to identify and achieve their goals for engaging in the occupations most relevant to their daily lives;¹,² (b) integrating theory, skills, and evidence in to support competent practice; and (c) creating an environment that fosters creativity, discovery, and self-reflection to support lifelong learning habits.

The UBC MOT program emphasizes case-based, experiential learning – the analysis of case studies informed by theory and evidence, and demonstration of practice skills in assignments, laboratory and fieldwork settings. Fourteen courses (69 credits) are organized into 6 terms of study. A course may be 1, 2 or 3 terms in duration. Although natural overlap exists, courses are designed to substantively address one of 5 learning streams: (1) theory, (2) health, illness and occupation, (3) practice skills, (4) evidence for practice, and (5) professional practice. The streams help organize and sequence content to ensure that key competencies are addressed.

What is Occupational Therapy?

Occupational therapists help children and adults of all ages maintain, restore or improve their ability to engage in the tasks of daily life, which may be impaired as a result of illness, injury, congenital or acquired disabilities, or social disadvantage. They work in both public and private sectors, in hospitals, schools, and community settings, with individuals, families and groups.

Occupational therapists focus on adapting the environment or building skills, to enhance performance in the areas of self-care (eating, dressing, personal hygiene), productivity (caregiving, employment, school), and leisure (hobbies, recreation) activities, thereby improving overall health and quality of life.¹
Table 1. Curriculum streams and occupational therapy courses at-a-glance.

<table>
<thead>
<tr>
<th>Stream</th>
<th>Pre-Req</th>
<th>Term 1</th>
<th>Term 2</th>
<th>Term 3</th>
<th>Term 4</th>
<th>Term 5</th>
<th>Term 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory</td>
<td>behavioral science; social science; anatomy</td>
<td>RSOT 511: fundamentals of theory &amp; practice</td>
<td>RSOT 521: occupational analysis</td>
<td></td>
<td></td>
<td>RSOT 551: societal and environmental influences on practice</td>
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</tr>
<tr>
<td>Health, Illness, &amp; Occupation</td>
<td></td>
<td>RSOT 513: health, illness &amp; occupation</td>
<td>RHSC 420: neuro-anatomy &amp; physiology</td>
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<tr>
<td>Skills for Practice</td>
<td></td>
<td>RSOT 515: practice skills &amp; procedures I</td>
<td>RSOT 525: practice skills &amp; procedures II</td>
<td></td>
<td></td>
<td>RSOT 545: practice skills and therapeutic procedures III</td>
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</tr>
<tr>
<td>Evidence for Practice</td>
<td></td>
<td>RSOT 527: evidence for practice I - methods</td>
<td></td>
<td>RN 537: reasoning &amp; evidence in practice</td>
<td>RSOT 547: evidence for practice II - project (implementation of faculty-guided, small scope research projects, presented at the annual Capstone Conference)</td>
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<td></td>
</tr>
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<td>Professional Practice</td>
<td>RSOT 519: professional practice I (includes case-based, small group tutorials; 12 weeks of fieldwork @ 4 days/week)</td>
<td></td>
<td></td>
<td>RSOT 549: professional practice II (small group tutorials &amp; student-led seminars; practice issues; 20 weeks full-time fieldwork)</td>
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</tbody>
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The culmination of the program is the **Capstone Conference** where students present their major projects to each other, incoming and continuing students, faculty and the occupational therapy community. Each Capstone Conference is planned by the current student cohort to meet their learning needs as they bring their graduate studies to a close.

Upon completion of the program, graduates have achieved key learning outcomes and are eligible to write the national certification examination and apply for registration to practice in Canada and elsewhere. Ongoing evaluation of the MOT program illustrates exceptional outcomes, including award-winning students, high student ratings of instructors and courses, a 99% pass rate on the national certification examination, and satisfied employers.

The casual reader will find this overview sufficient. For others, a fuller description of the curriculum comprises the remainder of this document, which outlines the philosophy, learning objectives, structure, learning environment, and evaluation of the program. Detailed topics, readings, and evaluation methods are available in the course outlines updated annually and distributed to students and instructors/preceptors involved in the learning process.
ACCREDITATION

The occupational therapy program at The University of British Columbia has been accredited by the Canadian Association of Occupational Therapists (CAOT) since its inception. Through this process, it is recognized by the World Federation of Occupational Therapists (WFOT) as an accredited program worldwide. Accreditation requires completion of a rigorous self-study document reporting on 9 Standard Outcomes with multiple tests of quality. The self-study document is peer-reviewed by an off-site team prior to an on-site visit, and approved by the Academic Credentialing Council of the CAOT. An accreditation award is then granted by the CAOT Board of Directors. The most recent accreditation visit at UBC was in the autumn of 2007 and the next review will be conducted in 2012.

Accreditation ensures that graduates meet the pre-determined standards for the education of occupational therapists in Canada. Graduation from an accredited program is required for registration to practice in jurisdictions where occupational therapy is a regulated health profession (e.g., Canadian provinces), and is therefore a requirement for employment as an occupational therapist.

VISION AND MISSION OF THE DEPARTMENT, FACULTY AND UNIVERSITY

The MOT curriculum is influenced by its administrative home – the Department of Occupational Science and Occupational Therapy. The Department, in turn, is influenced by the vision and priorities of the Faculty of Medicine and the University.

Department Vision

*Health and participation for all.*

Department Mission

*Create, inspire, and uphold a scholarly community that contributes to the health of individuals and communities through research on occupation and education programs for occupational therapy students, health professionals, and scientists.*

Faculty of Medicine Vision

*Through knowledge, creating health.*

Faculty of Medicine Mission

*Together, we create knowledge and advance learning that makes a vital contribution to the health of individuals and communities locally, nationally and internationally.*

The University of British Columbia Vision

*As one of the world’s leading universities, The University of British Columbia creates an exceptional learning environment that fosters global citizenship, advances a civil and sustainable society, and supports outstanding research to serve the people of British Columbia, Canada and the world.*
Place and Promise: The UBC Plan, (http://strategicplan.ubc.ca) articulates key commitments and goals for student learning, research excellence, and community engagement. The Department aspires to contribute to these commitments, the plan is well worth reading.

The Department of Occupational Science & Occupational Therapy provides a Master of Occupational Therapy curriculum that not only helps fulfill the missions of the Department, Faculty and University, but is designed to attract excellent students and in partnership with the occupational therapy and health professional communities, support them to achieve their career aspirations.

CONCEPTUAL FRAMEWORK FOR OCCUPATIONAL THERAPY PRACTICE AND EDUCATION

The curriculum is based on a conceptual framework that advances the Mission of the Department of Occupational Science and Occupational Therapy, and consists of a goal statement, learning objectives, professional and educational philosophy, three key processes (learning, practice, participation in occupation). In turn, the conceptual framework guides decisions about pre-requisites, course content, instructional methods, and evaluation of student learning.

Program Goal

In 2002, the MOT Curriculum Advisory Circle developed a program goal statement to inform curriculum design. The Advisory Circle was comprised of occupational therapy practitioners, practice leaders, administrators, students and faculty. They guided the inaugural MOT Curriculum Committee in setting the direction for the new master’s degree. The goal statement (and congruence of the entire conceptual framework) is now reviewed periodically by the MOT Curriculum Committee.

Learning Objectives

The MOT program integrates occupational therapy theory, research, and practice, and is designed to meet or exceed provincial and national standards of practice. These standards include the ability to use research evidence to make responsible clinical decisions, critique and evaluate the effectiveness of occupational therapy, and develop and evaluate programs independently.

Learning objectives are organized to follow the Essential Competencies for occupational therapists in Canada and are intended to help students achieve the overall program goal. The Curriculum Coordinator maintains a “map” of how these broad MOT program objectives are
linked to major course objectives and the CAOT Profile of Practice as one approach to assuring comprehensive content.

Upon program completion, graduates will be able to:

**Use Theory to Guide Practice and Promote Health**

1. Demonstrate an understanding of the philosophy, theoretical concepts, models and frames of reference of occupational therapy.
   a. Discuss the historical development and present-day values, beliefs, and theoretical foundations of occupational therapy
   b. Define, apply and promote the principles of client-centred practice.
   c. Compare and justify assessment and intervention techniques based on a range of generic and specific theories, frames of reference, or models of practice.
   d. Explain conceptual relationships among health, illness and occupation.

**Practice Effectively**

2. Demonstrate knowledge, skills, and attitudes required to implement the occupational therapy process in a variety of settings.
   a. Integrate knowledge of physical and social sciences with occupational therapy theory and occupational science to inform the occupational therapy process.
   b. Apply the occupational therapy process in a variety of settings (including but not limited to institutional, community, public and private health and rehabilitation agencies) and with clients of varying ages, abilities, beliefs, resources, and lifestyles, using a systematic, evidence-based approach.
   c. Evaluate clients’ occupational performance within the context of the Person-Environment-Occupation interaction.
   d. Demonstrate skills associated with clinical reasoning and reflective practice.

**Plan and Implement Occupational Therapy Services**

3. Demonstrate knowledge, skills and attitudes required for developing and delivering occupational therapy services in a complex, changing environment.
   a. Discuss the socioeconomic, cultural and political determinants of health and their impact on occupational performance at individual and population levels.
   b. Plan, implement, market, evaluate and revise occupational therapy programs for individuals and groups to resolve occupational performance issues identified through individual assessment or group needs assessment.
   c. Identify resources required for effective implementation of occupational therapy services, and options for program delivery when resources are limited.
   d. Collaborate with team members in the delivery of services, and make optimal use of health human resources including support personnel.
e. Evaluate occupational therapy services and contribute to the evaluation of health policy decisions at multiple levels.

**Practice Responsibly**

4. Assume and enact occupational therapy professional values and attitudes.
   a. Adhere to national and provincial professional codes of ethics, acting with integrity, respect for client autonomy, and in the best interests of the client and society.
   b. Utilize and foster collegial support, supervision, mentoring and leadership in practice.
   c. Engage actively in the learning process and continuing professional development.
   d. Use principles of evidence-based practice to appraise the applicability of reported research, clinical observations and experience, and expert opinion when making practice decisions.
   e. Respect diversity in the beliefs, opinions, culture, and decisions of clients and colleagues.

**Communicate Effectively**

5. Demonstrate effective verbal and written communication skills.
   a. Participate as leaders or members in inter-disciplinary and disciplinary-specific teams.
   b. Document assessments, interventions, and outcomes in health records and professional correspondence using clear and precise language.
   c. Write reports and scholarly papers to match the requirements of the intended audience.
   d. Prepare and deliver presentations to educate clients/families, peers and others.

6. Communicate the broad purpose and scope of occupational therapy practice consistent with the needs of the audience.
   a. Identify national and provincial policies that affect occupational therapy practice, clients’ participation in occupations, and the health status of individuals and populations.
   b. Explain how occupation and occupational performance relate to health and quality of life.
   c. Communicate using methods compatible with the needs, beliefs, and abilities or capacity of clients, families, caregivers, managers, peers, students and others.
Program Philosophy

The key statements in the program philosophy are clustered into beliefs about health and occupation, occupational therapy, and learning:

**Health and Occupation**

- Engagement in meaningful occupation is central to health and well-being throughout the life span.
- The social, cultural, physical and institutional environments influence and are influenced by engagement in occupation.

**Occupational Therapy**

- Occupational therapy is a client-centred profession.
- Occupational therapy theory and practice address occupational performance problems in the areas of self-care, productivity and leisure, for individual clients, groups, and populations.
- Occupational therapy theory and practice must be based on, developed and verified through research.

**Learning**

- Education in the social and biological sciences is essential in developing occupational therapists’ holistic view of the individual.
- An environment that fosters open communication, personal growth, critical thinking, self-directed learning, and respect and tolerance for others is essential to learning.
- The development of habits of life-long learning such as scientific inquiry, creativity, problem-solving and adaptability are essential to meet the challenges of a changing society.
- Collaboration among the Department of Occupational Science & Occupational Therapy, the Faculty of Medicine, the University and the community is essential in fulfilling the Department’s mission.

**Concepts and Processes**

Together with the program goal and learning objectives, the philosophy guided the development of the planning framework shown in Figure 1. It is comprised of three ‘scaffolds’ representing key concepts and processes: the learning process, the practice process, and participation in occupation. Each scaffold has three continua. These continua guide decisions about sequencing content in the program.
1. **The Learning Process**
   a. Simple to complex
   b. Generic to specific
   c. Supported (closely guided) to self-directed (inter- and independent)

   Learning activities are structured to require increasingly complicated and complex concepts and application of knowledge across the terms. Theory and skills introduced at the beginning of the program are generic and broadly applicable to any practice setting, then progress to the specialized knowledge that is needed to guide practice with some but not all clients. Students are supported to develop skills in self-directed and cooperative learning, identifying their own learning goals and methods for achieving them so that these are developed by the time they enter practice. For example, students and faculty alike participate in self and peer evaluation and feedback throughout the program.

   The learning process is influenced by the practice process and participation in occupation (the other sides of the cube), and requires diversity in instructional methods including lectures and seminars, labs, small group tutorials, and experiential learning in clinic settings and fieldwork. The variety of methods enables varied learning style preferences to be met.

2. **The Practice Process**
   a. Clinical reasoning: from explicit to tacit
   b. Knowledge: from theoretical to evidentiary
   c. Skills: from isolated to integrated

   Occupational therapists use a practice process to guide their decision-making. For the experienced therapist, this is often second-nature, or tacit reasoning. For students, the reasons behind clinical decisions must be made explicit to enable them to “make the
connection” and progress to competent decision-making. Theory is a tool for thinking about and guiding practice decisions, however, appropriate decisions require synthesis of available evidence in conjunction with theory and clinical reasoning experiences. As students become familiar with prevailing theories and methods, they are encouraged to critically appraise and question that knowledge, using research concepts and evidence-based practice skills. Practice skills are introduced in laboratory settings that focus on specific skill sets and subsequently integrated into practice contexts using case-based tutorials, inter-professional learning opportunities and fieldwork.

3. Participation in Occupation
   a. Function: ability to disability
   b. Lifespan: birth to old age
   c. Environment: micro- to macro-environments

Occupational therapists assist individuals and groups to participate in their chosen occupations, regardless of ability, age, or environmental circumstances. Students are prepared to work with clients of varying abilities, at any developmental stage, and be aware of the influence of multiple levels of the environment in which clients perform their occupations (individual, family, communities, institutional, sociocultural, physical and political environments). This means that learning activities, cases, and fieldwork placements are selected to ensure a range of clients with different genders, abilities, ages, cultural and ethnic backgrounds, and practice settings are represented.

COURSES IN THE MOT PROGRAM

The Concept and Process Framework is implemented through the development and delivery of courses. The curriculum spans two calendar years (6 terms) following a baccalaureate degree. Five curriculum streams facilitate linkages between the conceptual framework and individual courses and organize the curriculum: although there is overlap, each course fits primarily in one stream. These streams add flexibility to delivery of the content; for example, specific objectives within a stream may be moved from one term to another within a stream to take advantage of unique learning opportunities.

Admissions/Pre-requisites
4-year bachelor’s degree in any field
B+ standing in last two years of study
Minimum of three 3-credit courses: human (gross) anatomy, behavioural science, social science

Curriculum Streams
- Theory and Practice
- Health, Illness and Occupation
- Skills for Practice
- Evidence for Practice
- Professional Practice
Brief Course Descriptions

RSOT 511, Fundamentals of Theory and Practice (3 credits) Term 1 – Theory Stream
Interactive learning approaches are used to examine occupational therapy core concepts, values and beliefs and their application to practice. The emphasis is on the client-centred occupational therapy practice process, and generic conceptual models that guide clinical reasoning.

RSOT 513, Health, Illness and Occupation (3 credits) Terms 1 and 2 – Health, Illness, Occupation Stream
Resource seminars and guest lectures from content experts present concepts of occupational science as a foundation for understanding occupation and its relationship to health. Includes critique of various models explaining illness and disability, and includes methods for acquiring biomedical information on common conditions and illnesses that impact occupational performance in clients of all ages.

RSOT 515, Practice Skills and Therapeutic Procedures I (3 credits) Term 1 – Skills for Practice Stream
Labs and workshops provide opportunities to practice basic skills in preparation for introductory fieldwork. The course begins with basic search strategies and appraisal of health literature. Topics are congruent with theoretical concepts introduced in RSOT 511 and include interpersonal communication, task analysis, selection of assistive and rehabilitative technologies, and adaptive strategies to enhance occupational performance of individuals across the life span.

RSOT 519, Professional Practice I (10 credits) Terms 1-3 – Professional Practice Stream
Students apply theoretical approaches, occupational analysis, and therapeutic procedures to the client-centred practice of occupational therapy. Discussions and debates in professional issues seminars focus on professional expectations, the nature of the client-therapist relationship, legal and ethical obligations, reflective practice, and ways to foster learning in the field. Facilitated small group tutorials integrate knowledge across occupational therapy courses, in case-based synthesis exercises. A series of clinic site visits and 11 weeks of supervised fieldwork experience (4 days per week for 5 weeks in Term 2, 7 weeks in Term 3) in affiliated health agencies provide learning partnerships between students and practitioners, and opportunities to observe and work with occupational therapy clients.

RSOT 521, Occupational Analysis, Activity and Participation (3 credits) Term 2 – Theory Stream
The synthesis and use of theoretical and occupational frameworks to analyze and enhance occupational performance and participation in everyday life. Building on term one content and fieldwork experiences, students progress to cases of “intermediate” complexity. Cases consider unique client characteristics/contexts as they influence clinical reasoning, client-centredness, and selection of interventions such as culture, ethnicity, sexual orientation, language, literacy and poverty.

RSOT 525, Practice Skills and Therapeutic Procedures II (3 credits) Term 2 – Skills for Practice Stream
Builds on basic skills developed in RSOT 515. Topics are selected to match theories and occupational analysis frameworks discussed in RSOT 521 to assess, plan and implement occupational therapy interventions using psychosocial, biomechanical, neurorehabilitative and developmental theories and approaches.

RSOT 527, Evidence for Practice I: Research Paradigms and Methods (3 credits) Term 2 – Evidence for Practice Stream
Seminars, independent study and small group discussion encourage students to explore assumptions and principles of qualitative and quantitative research designs. Introduces principles of occupational therapy tests and measures for practice and as outcome measures for rehabilitation research, and elements of basic research designs.
RSOT 537, Evidence and Reasoning in Practice (2 credits) Terms 2 and 3 – Evidence for Practice Stream
Exploring theory, evidence and reasoning strategies to enhance practice and promote the development of skills essential for reflective practice. Comprising independent study and on-line learning, the course is concurrent with the introductory and intermediate fieldwork placements in terms 2 and 3, and promotes the integration of academic content with clinical practice. Students are encouraged to use the online discussions as a method of peer-support, peer-consultation, and peer-teaching during fieldwork.

RHSC 420, Neuroanatomy & Neurophysiology (4 credits) Term 3 – Health, Illness & Occupation Stream
An introduction to the structure and function of the human nervous system; lays the foundation for assessment and intervention skills related to sensation, perception, cognition and motor performance.

RSOT 545, Practice Skills & Therapeutic Procedures III (4 credits) Terms 4-6 – Skills for Practice Stream
Workshops and lab modules encourage synthesis of theory and practice approaches, and provide opportunities to demonstrate assessment and intervention skills consistent with the competencies required to enter practice. Psychosocial, developmental, neuro-rehabilitative, and biomechanical approaches are used individually and in combination to resolve complex occupational performance issues. Includes targeted interventions to address the needs of special populations, based on developmental stage, health status, and/or environmental circumstances (for example, the frail elderly).

RSOT 547, Evidence for Practice II: Project (6 credits) Terms 4-6 – Evidence for Practice Stream
Lectures, online discussion and supported independent study will be used to provide students with experience in conducting occupational therapy research. Participation in a limited-scope research process will facilitate development of knowledge and skills necessary for conducting a research project or program evaluation. Under the supervision of academic and clinical faculty students will pose a research question relevant to occupational therapy theory or practice, identify a design, collect and analyze data and present the data in a research forum and report.

RSOT 549, Professional Practice II (18 credits) Terms 4-6 – Professional Practice Stream
Professional issues seminars focus on professional expectations, the nature of the client-therapist relationship, legal and ethical obligations, and ways to develop the skills of a reflective practitioner. Facilitated small group tutorials integrate knowledge across occupational therapy courses, in case-based synthesis exercises, progressing to more complex societal or population health issues in terms 5 and 6. Selected modules organized in collaboration with other health professional programs where possible. Includes 21 weeks of fieldwork in affiliated agencies (1, 7-week placement in term 4, and two, 6-week placements in Term 5). Opportunities for inter-disciplinary, role-emerging, and international fieldwork placements are available.

RSOT 551, Societal and Environmental Influences on Practice (3 credits) Terms 5-6 – Theory Stream
A seminar addressing current legislative, socio-political, cultural and service delivery issues influencing occupational therapy practice and clients’ experiences. Participation in activities of daily living is not only influenced by the individual's skills and resources, but also the policies, actions, and attitudes imposed upon them by the broader institutional, social, and cultural environments. Considers contemporary service delivery environments and trends, such as chronic illness and primary health care opportunities.

RSOT 553, Developing Effective Rehabilitation Programs (3 credits) Terms 5, 6 – Evidence for Practice Stream
The application of approaches to effective design, marketing and evaluation of occupational therapy services and writing and responding to Requests for Proposals (RFPs).
Program Structure

Figure 2. Sample Curriculum Map (24-month calendar of study)
Integrated Academic and Fieldwork Courses

As illustrated in the Curriculum Map, the academic component of the program is integrated with a strong fieldwork component, comprised of more than 1000 hours of practice in agencies throughout British Columbia, or, at the students’ request, elsewhere in Canada or internationally.

Fieldwork is conducted in a variety of settings, including urban and rural placements, in public and private sectors, involving clients across the age span and with varying abilities with regard to mental and physical health status. Over 100 clinical faculty members and fieldwork educators contribute to fieldwork and classroom teaching, ensuring that content is grounded in contemporary practice. Occupational therapy students may participate in unique learning activities sponsored by various units on campus, such as the Interprofessional Rural Placement Program under the auspices of the College of Health Disciplines, as well as numerous other inter-professional enrichment opportunities. Innovative learning opportunities have included community service learning in a student-run clinic, learning partnerships with practising therapists, and participation in a provincial student design competition to solve specific client problems using assistive devices and technology.

A comprehensive student fieldwork manual outlines how students can develop a balanced matrix of field experiences to meet the competencies that are progressively evaluated across the 5 placements.

LEARNING ENVIRONMENT AND METHODOLOGIES

The Department is committed to creating a learning environment that is learner-centred, based on mutual respect and collaboration, and fosters habits of self-directed, lifelong learning. Faculty members promote a genuine enthusiasm for the profession and the learning process.

Students and Faculty

A cohort of 48 students is admitted annually. The overall faculty to student ratio is approximately 1:9. All occupational therapy courses have 48 students for seminars and lectures, with a faculty to student ratio of 1:48. Laboratory sessions requiring direction, supervision, and feedback are taught in sections or with teaching assistants to ensure a ratio of 1:24, with selected lab topics at a ratio of 1:12. Case-based tutorials are small groups with one tutor facilitating group of 6 to 8 students. Inter-professional studies are encouraged throughout the two-year program. Selected topics are shared with other disciplines including physical therapy, speech language pathology, nursing, social work, and others in the College of Health Disciplines.

Students are bright and highly motivated, and contribute to a highly stimulating learning environment. Faculty are committed to an occupation-focused, learner-centred, flexible, current professional curriculum. They engage actively in a range of research activities specific
to occupational therapy, as well as research that addresses broader health and social policy affecting people living with chronic illness or disability, and the scholarship of teaching and learning. Among the faculty are scholars who contribute to the leading Canadian textbooks on occupational therapy theory and practice. Therefore, students benefit from instruction that integrates current research with theory, and translates this to practice. Students actively participate in the continued development of their curriculum through participation in course and instructor evaluation, and curriculum committee representatives. The role of the instructor is to provide support and direction, to help students become aware of the strategies and approaches used in learning, and to evaluate the relationship between those approaches and the desired learning outcomes.5

Physical Learning Resources

The Seaview Learning Centre provides both a small computer lab and course materials (e.g., readings, assessments, DVDs, etc.) and a student lounge, with study carrels and a presentation rehearsal set up. Six small group seminar rooms may be booked for group study. Two teaching labs are available for practice skills. Students also book the teaching labs for enrichment learning activities such as “Rehab Rounds.” Assessment kits and therapy equipment are stored in the teaching labs and made available to students for completion of experiential assignments such as the wheeled mobility and accessibility assignment.

Of course, the resources of the University, such as the Learning Commons and the Woodward Biomedical Library (and dedicated liaison librarian), are readily available, as are a wide range of activities and services to round out student life.

Case-based, Experiential, and Supplementary Methodologies

Diverse learning methods are employed in the program including lectures, seminars, live and web-based discussion groups, collaborative and case-based learning6, as well as the experiential learning that occurs in laboratory learning activities, clinic visits, and fieldwork. Each method is employed to match the intended learning outcomes. For example, hands-on skills are developed through demonstration and practice in the laboratory setting or in clinic visits and fieldwork. Integration of content across courses is fostered through selected integrated assignments and weekly facilitated case-based tutorials. Use of varied learning activities and approaches assists in providing meaningful learning experiences7,8 for students with varied learning styles.

Case-based learning is a defining feature of the MOT curriculum and an effective method for preparing students for the complexities of clinical practice by promoting critical thinking, clinical reasoning and problem-solving skills.9 Cases progress from basic to more complex situations, and build on students’ prior knowledge, experience and ways of thinking. Faculty create a case library with a growing set of learning tools (video cases, self-study modules, narratives) to reflect the occupational therapy practice process in a variety of contexts.
Clinical faculty and consumers of occupational therapy contribute to most courses. Online course components and discussions are used in some courses to provide students with experience of online learning approaches as an alternative to face-to-face learning. Students need to be prepared to use computer technology for their own continuing education, to respond to their clients’ questions arising from Internet research, and to participate in emerging trends such as telehealth and tele-occupational therapy. Guided independent study is used to develop fundamental research skills related to answering a clinical research question. Laboratories and workshops are used to develop assessment skills and therapeutic techniques, which are subsequently employed with clients in fieldwork, under the supervision of occupational therapists/fieldwork educators.

Fieldwork is conducted in approved, affiliated health and social service agencies. A total of 31 weeks of fieldwork is incorporated into the curriculum, distributed over 5 different experiences. These experiences enable students to apply newly acquired knowledge and skills into the work setting, and develop competence for practice. Students take responsibility for establishing a balanced mix of fieldwork settings to achieve basic competency and to pursue their own interests.

Students are encouraged to develop skills as a reflective practitioner\(^{10}\) to foster their learning throughout the program and to prepare to maintain and advance their skills as occupational therapists after graduation. A Learning Portfolio is used in the Professional Practice courses to assist students to identify personal learning goals and strategies to achieve those goals, monitor progress and reflect on fieldwork.

Both formative (knowledge and skill development) and summative (achievement of learning outcomes) assessment of student performance occurs during all learning. Faculty endorse fair, transparent, and timely evaluation that provides feedback on progress and enhances learning. A variety of methods for evaluating student performance are employed including scholarly papers, innovative mixed method assignments, on-line quizzes, written and practical examinations, demonstrations, debates, presentations, and direct observation of performance in fieldwork using a competency-based evaluation form. Many require integration of knowledge and skills across courses. Peer and self-evaluation \(^{11}\) are incorporated throughout the curriculum.

PROGRAM EVALUATION

The Department adheres to University policy requiring annual review of courses and instruction, and uses this information to identify trends to guide ongoing curriculum revision. Periodic in-depth reviews are conducted approximately every five years. The review is the responsibility of the Master of Occupational Therapy Curriculum Committee and is aided by mechanisms to solicit regular feedback from students and clinicians. Faculty and students alike contribute to the evaluation of learning, instruction, and the overall curriculum, as part of a continuous process ensuring content is current, accurate, and evidence-based.
Students complete anonymous, on-line evaluations of all courses including the fieldwork program as a whole; individual fieldwork placement feedback forms; and participate in “town hall” meetings with the Head and Curriculum Coordinator each term. Their elected representatives serve as an additional source of evaluative information by serving on the MOT Curriculum Committee. Faculty contribute to formative evaluation through stream meetings, as needed at monthly faculty meetings, and at an annual curriculum retreat.

The first major, summative, outcome and process evaluation was conducted late in 2010 and a report is expected early in 2011. National certification examination results are another external means of assessing whether or not graduates are acquiring essential knowledge. UBC graduates have a 99% success rate on the exam, meeting or exceeding the national average in all content areas, and it is anticipated that they will continue to do so.

The occupational therapy program is subject to periodic review by the Academic Credentialing Council of the Canadian Association of Occupational Therapists. The program must continue to meet national academic standards in order for graduates to be eligible for licensure and employment in Canada. The self-study report required for an Academic Accreditation visit is a comprehensive review of curriculum, program resources, and outcomes.

The MOT degree prepares graduates to be self-directed, lifelong learners, who consciously use theory, evidence, and critical thinking skills to maintain, evaluate, and improve their practice of occupational therapy.
References


Appendix – Historical Highlights

1961 The School of Rehabilitation Medicine is established at UBC and admits the first class of students into a combined occupational therapy/physiotherapy program. Dr. Brock Fahrni, geriatrician, is part-time Director, and the programs are led by Miss Margaret Hood, Head, Division of Occupational Therapy, and Miss Jane Hudson, Head, Division of Physiotherapy. A renovated army hut serves as the physical plant.

1964 First graduating class of 16 students. Subsequent to graduation the class is “retroactively” granted a Bachelor of Science in Rehabilitation (BSR) degree.

1978 Dr. Fahrni retires and Miss Hood is acting Director.

1979 Dr. Tali Conine, a physiotherapist by profession, is appointed the first full-time Director of the School

1980 The School moves out of the huts into the new Koerner Pavilion, the acute care unit of UBC Hospital. It shares the 3rd floor with the School of Nursing.

1985 Last graduating class in the BSR (combined occupational therapy and physiotherapy) program. At this time, there were 40 students admitted annually to the combined degree program. Dr. Conine completes her term as Director. The BSR(OT) and BSR(PT) degree completion program also concludes. This was a one-year program for graduates of diploma programs to obtain a bachelor’s degree.

1986 First graduating classes in the BSc(OT) and BSc(PT) program. There are 16 graduates in the occupational therapy program, and 20 students admitted to the incoming class. Dr. John Gilbert, Director, School of Audiology and Speech Sciences, is also appointed as acting Director, School of Rehabilitation Medicine.

1989 Dr. Charles Christiansen, an occupational therapist by profession, is appointed Director. He serves until 1993.

1992 The name of the School is changed to School of Rehabilitation Sciences. The graduate program, with a program leading to a Master of Science degree with a research-based thesis, is approved.

1994 Dr. Angelo Belcastro, a kinesiologist, is appointed Director. He serves until 1998. The first MSc student graduates. There are 36 students admitted annually to the BSc(OT) program.

2004 The Master of Occupational Therapy (MOT) program admits 40 students into the new master’s entry level program. It replaces the BSc(OT) degree program. The MSc graduate program is expanded and a PhD program in rehabilitation sciences begins.

2005 The last class graduates from the BSc(OT) program in May.

2006 The first MOT class graduates in November.

2007 The School of Rehabilitation Sciences is “disestablished” and two new departments created in the Faculty of Medicine: the Department of Occupational Science & Occupational Therapy, and the Department of Physical Therapy. Dr. Tal Jarus, Head, Division of Occupational Therapy, becomes the first department head.

2008 The MOT class size is increased to 48 students.

2009 The first PhD students, three occupational therapists, graduate. The Department of Physical Therapy moves to renovated quarters in the Friedman Building; the Department of Occupational Science and Occupational Therapy remains in Koerner.

2011 50th Anniversary Celebration