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Department of Occupational Science & Occupational Therapy  
Master of Occupational Therapy Program  
**CURRICULUM 2012**

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## 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). Today, 14 universities in Canada offer occupational therapy professional programs, 10 of them in Ontario and Quebec. UBC is one of only 3 programs for occupational therapists west of Ontario.

Approximately one-third of BC's 2000 occupational therapists were educated at UBC. The program presently admits 48 domestic students each year, and may accept up to 8 full fee paying international students annually.

The purpose of the MOT program is to prepare graduates to enter occupational therapy practice in any setting in Canada, or globally. 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.

### 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 are concerned with occupational that matter to individuals and communities. They 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.<sup>1</sup> At the population health level, occupational therapists identify needs, establish and evaluate occupation-based programs in partnership with communities.

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;<sup>1,2</sup> (b) integrating theory, skills, and evidence in to support competent practice; and (c) creating an environment that cultivates 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. Thirteen courses (67 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.

**Table 1. Curriculum streams and occupational therapy courses at-a-glance.**

Pre-MOT	Stream	Term 1	Term 2	Term 3	Term 4	Term 5	Term 6
4-year baccalaureate degree with 3 pre-requisite courses social science, behavioural science, human anatomy	Theory	RSOT 511: fundamentals of theory & practice	RSOT 521: occupational analysis			RSOT 551: societal and environmental influences on practice	
	Health, Illness, & Occupation	RSOT 513: health, illness & occupation		RHSC 420: neuroanatomy & physiology			
	Skills for Practice	RSOT 515: practice skills & procedures I	RSOT 525: practice skills & procedures II		RSOT 545: theory, practice skills and therapeutic procedures III		
	Evidence for Practice		RSOT 527: evidence for practice I - methods		RSOT 547: evidence for practice II - project (implementation of faculty-guided, small scope research projects, presented at the annual Capstone Conference)		
						RSOT 553: designing effective programs	
Professional Practice	RSOT 519: professional practice I Professional ethics, issues, & reasoning; case-based, small group tutorials; 10 weeks fieldwork.			RSOT 549: professional practice II Professional ethics, issues, & reasoning; case-based, small group tutorials and student-led seminars; 20 weeks fieldwork			

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.

This curriculum document outlines the philosophy, learning objectives, structure, learning environment, and evaluation methods. 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 indicators supporting continuous quality improvement. The self-study document is peer-reviewed by an off-site team prior to an on-site visit. The on-site team reports to the Academic Credentialing Council of the CAOT, which makes a recommendation to the CAOT Board of Directors. The most recent accreditation visit at UBC was in 2007 and the next review will be conducted in 2013.

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., all Canadian provinces), and is therefore a requirement for employment as an occupational therapist.

CAOT Accreditation standards meet or exceed the educational standards of the World Federation of Occupational Therapy (WFOT). UBC MOT graduates therefore are prepared to apply to write registration examinations or fulfill other regulatory requirements in all countries using the WFOT standards as the entry to practice credential.

## VISION, MISSION AND VALUES

The MOT curriculum is influenced by its administrative home – the Department of Occupational Science and Occupational Therapy. The Department, in turn, is influenced by and contributes to the vision and priorities of the Faculty of Medicine and the University. Accordingly, the Department considers the Faculty and University visions and strategic plans as the foundation of its own direction, and identifies how it builds upon that foundation.

### 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.*

### Faculty of Medicine Vision

*Through knowledge, creating health.*

### Department of Occupational Science & Occupational Therapy Vision

*Health and participation for all.*

### 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 Department of Occupational Science & Occupational Therapy Mission

*We create, inspire, and uphold a scholarly community by educating exemplary occupational therapists and advancing scholarship in occupation.*

By fulfilling its mission, the Department contributes not only to its own vision of health and participation for all citizens, but helps fulfill the vision of the Faculty of Medicine and the University of British Columbia.

*Place and Promise: The UBC Plan, (<http://strategicplan.ubc.ca>) articulates key commitments and goals for student learning, research excellence, and community engagement. Through its strategic plan, the Department contributes to these commitments.*

In *Our Strategic Direction*, (<http://med.ubc.ca/about/our-strategic-direction/>) the Faculty of Medicine outlines 5 strategic commitments to which the Department's strategic plan also contributes: transformative learning, research innovation and excellence, health care innovation and excellence, investment in people and partnerships, and accountability and economic sustainability.

## VALUES

The Department of Occupational Science & Occupational Therapy (OSOT) adopts The University of British Columbia's 6 core values. For each one, we articulate a specific focus at the Department level.

1. *Academic Freedom*

The University is independent and cherishes and defends free inquiry and scholarly responsibility, **a value strongly embraced by OSOT as it supports curiosity and creativity.**

2. *Advancing and Sharing Knowledge*

The University supports scholarly pursuits that contribute to knowledge and understanding within and across disciplines, and seeks every opportunity to share them broadly; **to which scholarship in occupational science and occupational therapy is the unique contribution by OSOT.**

3. *Excellence*

The University, through its students, faculty, staff, and alumni, strives for excellence and educates students to the highest standards, **a value integral to the MOT, MRSc, MSc, and PhD programs sustained by OSOT.**

4. *Integrity*

The University acts with integrity, fulfilling promises and ensuring open, respectful relationships, **actions fostered by OSOT constituents.**

5. *Mutual Respect and Equity*

The University values and respects all members of its communities, each of whom individually and collaboratively makes a contribution to create, strengthen, and enrich our learning environment, **a value wholeheartedly endorsed by OSOT as crucial to the unit's success.**

6. *Public Interest*

The University embodies the highest standards of service and stewardship of resources and works within the wider community to enhance societal good. **OSOT serves the public interest by demonstrating the contribution of occupation to health and well-being for all.**

### Faculty of Medicine Values

Excellence | Mutual Respect | Caring | Integrity

### Occupational Science & Occupational Therapy Values

Balance | Collaboration | Community | Compassion | Curiosity | Equality | Innovation | Perseverance

## CONTEXT UNDERPINNING THE CURRICULUM CONCEPTUAL FRAMEWORK

The Department of Occupational Science & Occupational Therapy offers 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.

The UBC Master of Occupational Therapy (MOT), a professional graduate degree, benefits from and is influenced by the environment in which it is located. This includes:

- A research-intensive University in which participation and involvement in discovery and scholarship is expected and rewarded;
- A Faculty of Graduate Studies that sets high standards for admission, curriculum, and graduation;
- A Faculty of Medicine that commits to improving health care for British Columbians through innovation and accountability;
- A Canadian occupational therapy context recognized globally for its practice process, occupation-based competencies and client-centred guidelines.

## 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, and participation in occupation). In turn, the conceptual framework guides decisions about pre-requisites, course content, instructional methods, and evaluation of student learning.

### Philosophy<sup>1</sup>

The MOT program acknowledges the values and beliefs stated by the Canadian Association of Occupational Therapists (Townsend & Polatajko, 2007); these ideas are incorporated into the professional curriculum. Further, members of the UBC occupational therapy community have developed their own philosophy as the foundation to an integrated conceptual framework to guide learning, professional practice, and participation in occupation. Key statements in the **program philosophy** are clustered into beliefs about health and occupation, occupational therapy, and learning:

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<sup>1</sup> Revised draft January 2013. This is the first stage in revising the conceptual framework; as the remainder of the document is revised, a final review for congruence across sections will be conducted prior to final approval in fall 2013.

### ***Health and Occupation***

- Health and occupation are inextricably linked: Occupation is a determinant of health.
- Engagement in occupation is a fundamental human right central to health and well-being throughout the lifespan.
- Health is a complex, multi-dimensional phenomenon involving genetic, physical, psychological, social, and cultural correlates, thus the meaning of health and well-being varies across population groups.
- Community is essential to health. The social, cultural, physical and institutional environments influence and are influenced by engagement in occupation.

### ***Occupational Therapy***

- Occupational therapy is a client-centred profession that contributes to individual and population health.
- Occupational therapists domain of concern is the interaction among person, environment, and occupation.
- Meaning is idiosyncratic and multidimensional. Occupational therapists support performance, participation, and engagement in occupations chosen by clients as necessary and meaningful to their life roles, transitions, and circumstances.
- Occupational therapy theory and practice is based on a holistic perspective of mind, body, and spirit that recognizes the unique needs of individuals and communities
- Occupational therapy theory and practice must be based on, developed and verified through research.

### ***Learning***

- Learning environments that cultivate open communication, personal growth, critical thinking, advocacy, and respect and tolerance for others are essential to prepare occupational therapists for practice.
- Acknowledging that everyone's a learner and everyone's a teacher supports the habits of life-long learning essential to meet the challenges of the health care system and a changing society. These habits include scientific inquiry, creativity, problem-solving, adaptability, and curiosity.
- Our intellectual and social lives are enriched by value-centred learning. We therefore encourage debate, respect difference, and embrace discovery, foster intercultural understanding, and promote interdisciplinary collaboration.
- Diverse, experiential approaches to higher learning and professional education, appropriately supported by technology, support learner preferences and maximize resources to achieve learning goals.
- Teaching is a scholarly practice involving reflection, research, and evaluation.



## 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 reviewed periodically by the MOT Curriculum Committee.

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.

The statement was confirmed in 2012.

## Learning Objectives (Key Outcomes)

The MOT program integrates occupational therapy theory, research, and practice, and is designed to meet or exceed provincial and national standards of practice.<sup>3</sup> 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<sup>4</sup> 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 of Occupational Therapists in Canada<sup>3</sup> 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.

## **Concepts and Processes**

Together with the program goal and learning objectives, the philosophy guided the development of the planning framework shown in Figure 1. There are three sides visible on the “conceptual cube” – designed as a schematic to remember the three process domains used to organize the concepts informing the MOT curriculum.

The *Learning Process* comprises the educational conceptual framework. The *Practice Process* and *Participation in Occupation* comprise the professional conceptual framework. Concepts and processes are inter-related. Each of the three key domains is comprised of three continua representing the main (but not exclusive) concepts in that domain. The continua guide decisions about selecting and sequencing content in the MOT program.

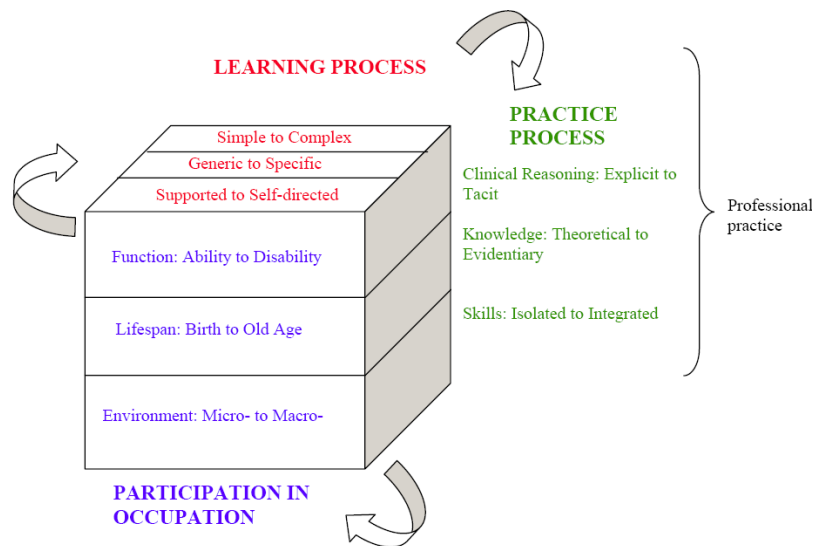


Figure 1. Schematic showing three domains informing MOT curriculum design.

### 1. *The Learning Process*

We propose three ideas to support efficient and effective adult learning. Whether it is theory or practice skills, reasoning or ethical decision-making, principles are learned and mastered if they move from:

- 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. This is consistent with the notion of scaffolding, where learning is designed to connect and build upon prior learning.<sup>5</sup> 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 collaborative sessions, 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. To support professional reasoning skills, all methods emphasize case-based learning<sup>6</sup> – presenting a problem or issue in the form of a case, and using cases to explicate concepts. Cases may refer to individuals, families, communities, or public health, social, and policy situations (e.g., the case of homelessness is a social situation). The variety of methods enables varied learning style preferences to be met.

## **2. The Practice Process**

We propose three continua for organizing the knowledge, skills, and attitudes necessary to support ethical, safe, competent occupational therapy practice:

- 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.<sup>4</sup> 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,” appraise their options, and progress to competent decision-making. Theory is a tool for thinking about and guiding practice decisions,<sup>7</sup> 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, subsequently integrated into practice contexts using case-based tutorials<sup>8</sup>, inter-professional learning opportunities, and fieldwork.

Experiential learning<sup>9</sup> is a central tenet underlying the practice process. Learners acquire new knowledge in the classroom and in the field, solidified through an iterative process of reflective observation, abstract conceptualization, and active experimentation. Evaluation methods assess how students integrate learning by requiring them to demonstrate specific competencies.

## **3. Participation in Occupation**

Occupational therapists domain of concern is enabling occupation,<sup>1</sup> and occurs at the intersection of personal, occupational, and environmental characteristics. Occupational therapists “manipulate” the fit among these characteristics to overcome limitations and facilitate engagement in occupation. We propose three continua for learning about 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.<sup>1,2</sup> 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 cases, learning experiences, 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.

### ***Pre-requisites for Admission***

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

### **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. Interprofessional educational opportunities provide additional insights to practice. 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, 6 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, needs assessment, and evaluative research. Introduces principles of occupational therapy tests and measures for practice and as outcome measures for rehabilitation research, and elements of basic research designs.

**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, Theory, Practice Skills & Therapeutic Procedures III (5 credits) Terms 4-6**

Skills for Practice Stream and Theory 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 20 weeks of fieldwork in affiliated agencies (1, 6-week placement in term 4, and two, 7-week placements in Term 5). Opportunities for interdisciplinary, 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)

### Class of 2012-2014

TERM 1 2012				TERM 2 2013			TERM 3 2013				
Aug 31 – Sep 2	Sep 4 – Dec 7 14 weeks	Dec 10 – 14	Dec 17 – Jan 4	Jan 7 – Feb 8 5 weeks	Feb 11 – April 26 11 weeks	Apr 29 – May 3	May 6 – May 10	May 13 – Jun 21 6 weeks	Jun 24 – Aug 2	Aug 5 – Aug 23	Aug 26 – Aug 30
Introductory Workshop Prerequisite to RSOT Term 1	RSOT 511 Fundamentals of Theory and Practice	1 WK Exams (1 week)	3 Wks Vacation (3 weeks)	RSOT 519 Professional Practice I	Fieldwork Level 1 (4 days per week)	Exams (1 week)	Reading week / RSOT 547 Independent Study (1 week)	RSOT 519 Professional Practice I (continues)	6 Wks RHSC 420 Neuroanatomy	3 weeks Vacation (4 Weeks)	1 week RSOT 547 Independent Study
	RSOT 513 Health, Illness and Occupation			RSOT 521 Occupational Analysis, Activity and Participation							
	RSOT 515 Practice Skills and Therapeutic Procedures I			RSOT 513 Health, Illness and Occupation (concludes)							
	RSOT 519 Professional Practice I			RSOT 525 Practice Skills and Therapeutic Procedures II							
					RSOT 527 Evidence for Practice I Research Paradigms & Methods			Fieldwork Level 2 (5 days per week)			
					RSOT 519 Professional Practice 1 (continues)						
TERM 4 2013			TERM 5 2014				TERM 6 2014				
Sep 3 – Nov 1 9 weeks	Nov 4 – Dec 13 6 weeks	Dec 16 – Jan 3	Jan 6 – Feb 14 6 weeks	Feb 17 – May 10	Feb 10 – Mar 28 7 Wks	Apr 7 – May 23 7 Wks	May 26 – Jul 4 6 weeks	Jul 7 – Aug 22	Aug 25 – 29		
RSOT 545 Theory, Practice Skills and Therapeutic Procedures III	RSOT 549 Professional Practice II (continues)	3 Wks Vacation (3 weeks)	RSOT 551 Societal and Environmental Influences on Practice	Fieldwork Level 3	Reading week / 547 Independent Study (1 week) Mar 31 – Apr 4	Fieldwork Level 3	RSOT 551 Societal and Environmental Influences on Practice (concludes)	7 Wks	1 WK Capstone Conference		
										RSOT 547 Evidence for Practice II: Project	RSOT 553 Developing Effective Programs
										RSOT 549 Professional Practice II	RSOT 545 Theory, Practice Skills and Therapeutic Procedures III (continues)
											RSOT 545 Theory, Practice Skills and Therapeutic Procedures III (concludes)
	Fieldwork Level 2 (6 weeks)		RSOT 547 Evidence for Practice II: Project (continues)				RSOT 547 Evidence for Practice II (concludes)				
			RSOT 549 Professional Practice II (continues)				RSOT 549 Professional Practice II (concludes)				
								RSOT 547 8 week project, Independent Work.			

PLEASE NOTE: Dates subject to adjustment

## Integrated Academic and Fieldwork Courses

As illustrated in the Curriculum Map (Figure 2), 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. Students spend 1125 hours in fieldwork settings, 4 days per week in the first placement, and full-time in the remaining four placements. In addition, clinic visits and the Health Mentors program provide additional learning with clients that meets the WFOT definition of fieldwork.

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 130 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 placements 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 1:8. 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. Many are award-winning teachers, and all strive to develop and maintain exceptional and relevant learning experiences that recognize students are adults learners bringing their own perspective to the classroom. At UBC, everyone's a learner and everyone's a teacher.

Academic faculty engage in a range of research 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. Consistent with best practice in adult learning, 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.<sup>10</sup>

## **Physical Learning Resources**

The Seaview Learning Centre provides both a small computer lab and course materials (e.g., books, DVDs, anatomical models, etc.) and a student lounge, with study carrels and a small group presentation rehearsal area. Of the six small group seminar rooms, four are available to students at any time, and the additional two may be booked for group study. Two teaching labs are available for practice skills outside of scheduled classes; instructors for modules requiring access to specialized materials (assessment kits, splinting supplies) provide a schedule of open lab time for students to ensure access to those materials. 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 Learning Methods**

In line with Kolb’s experiential learning theory,<sup>11,12</sup> an eclectic array of learning methods are employed including lectures, seminars, live and web-based discussion groups, collaborative,<sup>13</sup> and case-based learning,<sup>14</sup> experiential labs, 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 experiences<sup>15,16</sup> 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.<sup>17</sup> Cases progress from basic to more complex situations, and build on students’ prior knowledge, experience and ways of thinking. The Department has created 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 are used in some courses to provide students with experience of online learning approaches as an alternative to face-to-face learning. This supports the growing use of computer technology for graduates’ 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 30 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<sup>18</sup> 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. In 2012-2013 a pilot test is underway using an electronic portfolio to track fieldwork learning, reflections, and competencies.

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<sup>19</sup> 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, is carried out by the Curriculum Coordinator, 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 generated a substantial data set. Following a program logic model linked to the conceptual framework, data were gathered from students, graduates, clinical and academic faculty, staff, and employers of UBC graduates. UBC graduates clearly achieve the roles and competencies outlined in the Profile of Practice of Occupational Therapists in Canada,<sup>3</sup> as assessed by employers, faculty, and the graduates themselves. Processes support the achievement of competencies, but efficiencies have been identified and minor curriculum revisions initiated. Evaluation findings are part of the continuous quality improvement expected of a professional graduate program.

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 for the education of occupational therapists 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.

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## 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 R. 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, granted a physical medicine certificate. 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 for one year before she retires.
- 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 3<sup>rd</sup> 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 diploma graduates to obtain a bachelor’s degree. The program recognized the diploma as equivalent to 3 years of study toward the bachelor’s degree. The (OT) or (PT) designation reflected that the BSR was not a combined degree for degree completion graduates; their diplomas were in a single discipline.
- 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 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 rehabilitation sciences 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.
- 2002** The rehabilitation sciences online program begins, with a graduate certificate program for working professionals. It is a collaborative program with McMaster University.
- 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.
- Online program: first graduate certificate student completes the program. Master of Rehabilitation Science (MRSc) degree is approved.

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- 2005** The last class graduates from the BSc(OT) program in May.
- 2006** The first Capstone Conference, showcasing MOT student research, is held in August. The first MOT class graduates in November.
- 2007** The School of Rehabilitation Sciences is “disestablished” and two new departments are 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.
- First 3 MRSc students graduate from the online program.
- 2008** The MOT class size is increased to 48 students.
- 2009** The first PhD students in rehabilitation sciences, three occupational therapists, graduate.
- The Department of Physical Therapy moves its instructional space to renovated quarters in the Friedman Building; the Department of Occupational Science and Occupational Therapy remains in Koerner Pavilion.
- 2011** 50<sup>th</sup> Anniversary Celebration
- The international student program is approved, allowing up to 8 full fee paying international students to study occupational therapy.
- 2012** Dr. Catherine Backman is appointed Head, Department of Occupational Science & Occupational Therapy
- The online program celebrates 10 years.
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