Master of Science
Occupational Therapy Program

Curriculum Guide
2013 - 2014

McMaster University
Health Sciences

In Collaboration with the Northern Ontario School of Medicine
Acknowledgements

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

Lori Letts
Assistant Dean, MSc(OT)
August 2010

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

(Federman, 1999, p.93)

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

(Kanter, 1998, p.394)
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BACKGROUND

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

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

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

Although the original curriculum design and educational methodology were preserved from implementation in 1990 to 2012, the content is under continual revision, refinement, and consolidation, with input from our local community and professional associations. 2013 heralds a new curriculum design for the second study year, based upon new knowledge, new insights and feedback from those invested in this program – students, occupational therapy faculty members and colleagues from our practice communities.
McMASTER UNIVERSITY MISSION AND VISION

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

The Vision
To achieve international distinction for creativity, innovation and excellence.

FACULTY OF HEALTH SCIENCES MISSION
"Together, Advancing Health Through Learning and Discovery"

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

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

Tenets
We believe in:

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

SCHOOL OF REHABILITATION SCIENCE MISSION
The School of Rehabilitation Science aims to provide exemplary educational programs for students in occupational therapy, physiotherapy and rehabilitation science. The School will contribute to the advancement of health care in general and rehabilitation science in particular through excellence in collaborative research and service initiatives.
MISSION AND CONCEPTUAL FRAMEWORKS OF THE MSc (OT) PROGRAM

Mission

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

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

Professional Conceptual Framework

Philosophy of Health

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

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

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

**Concepts of Occupation and Occupational Therapy**

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

**Our beliefs about occupation** are based on the following premises:
- Every individual has inherent worth and is unique
- Every person has a basic need to be engaged in occupation
- Occupation is a determinant of health and well-being
- Individuals and occupations influence and are influenced by the environment
- An individually determined balance of work, rest and play is essential for health (Townsend & Polatajko, 2007).

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

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

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

Although service to clients constitutes the primary focus of the profession, the scope of practice also encompasses research, education, and administration. Occupational therapists can assume many roles throughout their professional careers (e.g., assessor, intervenor, educator, team member, supervisor, advocate, mediator, consultant, case manager, program manager, department director, administrator, clinical teacher, professor, and researcher), and can work in a variety of settings within the health, educational, and social services systems (for example, hospitals, rehabilitation centres,
chronic care facilities, group homes, nursing homes, schools, industry, medical supply firms, outpatient clinics, private practice, insurance companies, home care agencies, consulting firms, and correctional facilities).

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

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

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

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

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

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

The conceptual educational framework that has evolved from the concept of evidence-based practice is also an important part of our curriculum. Our faculty members are recognized internationally for the application of evidence-based practice in occupational therapy (Law & McDermid, 2008; Letts et al., 1999). The educational framework that has been developed over the years provides students with a continuum of learning from
reflection to critical appraisal, and from synthesis to application of evidence in all practice situations. We also believe that evidence comes in many forms (Haynes, Devereux & Guyatt, 2002); all of these are taught to ensure that students recognize that the full continuum of evidence must be considered for sound clinical decision-making (Solomon & Letts, 2005).

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

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

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

The MSc (OT) Program values education which:
- Places an equal emphasis on both content and process;
- Provides a relevant context in which students can direct their own learning;
- Recognizes students as resources for one another;
- Promotes the development of lifelong learning skills;
- Embodies a positive, energetic, and collaborative learning environment in which both faculty and students are involved actively in the learning process;
- Involves partner institutions and community agencies in the development of curriculum and the education of students;
- Provides a forum on an ongoing basis for the critical evaluation of teaching and learning activities in relation to students, faculty, curriculum content, and performance of graduates.
CURRICULUM DESIGN

The curriculum is offered as a full-time, accelerated, two-year, entry level master's program, with opportunities to gain practice exposure within a northern context. The curriculum is divided into five university-based terms of study with four practica courses integrated throughout the 24 month period. The curriculum content has been organized using a conceptual framework, with an emphasis on three key constructs:

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

There are four curricular threads that run through the whole program in a continuum:

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

Each term has a particular focus and is organized to integrate our conceptual framework of education. Within each term, the curriculum includes elements of inquiry, skills acquisition, professional preparation, small group and independent learning.
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The first year of this two-year program consists of ten 600-level courses: 6 full courses and 4 half courses (Terms 1-3):

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

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

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

**Two (2) practicum half courses**, which provide students with opportunities to apply, integrate and further develop knowledge, skills and behaviours in clinical settings in which occupational therapy services are provided. Development of competencies in these courses is focused on knowledge application, and transition/reflection on action stages.

The second year will consist of eight 700-level courses: 6 full courses and 2 half courses (Terms 4a/b-5a/b):

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

**One (1) independent study full course in Term 5**, during which each student will complete his/her independent evidence-based project.

**Two (2) advanced inquiry and problem-based tutorial full courses**, during which the students will focus upon understanding of advanced practice concepts and enhanced clinical reasoning abilities.

**Two (2) advanced skills laboratories (professional reasoning and skills) full courses**, in which the students will develop advanced practice skills and experience the direct application of those skills in real world environments.

**Two (2) practicum half courses**, which provide students with opportunities to further develop and master occupational therapy competencies in clinical settings. These settings engage students in various settings including direct, consultative, community development, and role emerging practice. Development of competencies in these courses is focused on consolidation / reflection in action stages, and are aimed at culmination of students’ demonstration of readiness to enter clinical practice.
TERMS OF STUDY

TERM 1: WELLNESS, HEALTH AND OCCUPATION

*616 / Foundational Knowledge I
Foundational Knowledge I is the first of two half courses in the first year of the occupational therapy program, which focus on the requisite knowledge in foundational sciences (biological, research, and social) for occupational therapy education, research and practice. Using a self-directed learning approach, students identify their current knowledge level in the three foundational sciences and develop a learning plan. Faculty provide a variety of learning resources for students to access. Resources include formal learning sessions with faculty, on-line modules via the learning platform (currently Avenue2Learn), online resources and quizzes. At the completion of the course, students develop a portfolio on foundational knowledge with evidence to support the achievement of their individual learning objectives.

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

618 / Wellness, Health and Occupation: Professional Reasoning and Skills
This Term 1 course focuses on developing foundational skills in communication, interviewing, identifying and analyzing occupational performance issues, and critical thinking. The course explores occupation in depth and begins application of Occupational Therapy Process Models, in preparation for occupational therapy practice.

*619 / Occupational Therapy Practicum I
The Occupational Therapy Practicum I course provides the opportunity for students to apply occupational therapy knowledge, skills, and professional behaviours in a variety of environments in which occupational therapists provide service. Prior to completion of the full-time two-year program, students will gain experience in four settings, one of which will offer exposure to mental health issues. This is a Level 1 placement, the foci of which are on knowledge application, introduction to the role of the occupational therapist, engagement in professional activities and learning about the realities of professional practice.

TERM 2: PERSON, ENVIRONMENT AND OCCUPATION

*626 / Foundational Knowledge II
This half course builds on Foundational Knowledge 1 to provide students with the requisite knowledge in foundational sciences (biological, social and research) for occupational therapy education, research and practice. Using a self-directed learning
approach, students identify their current knowledge level in the three foundational sciences and develop a learning plan. Faculty provide a variety of learning resources for students to access. Resources include formal learning sessions with faculty, modules on Avenue2Learn, online resources and quizzes. At the completion of the course, students update their portfolio on foundational knowledge and develop an ongoing learning plan to achieve their individual learning objectives.

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

**628 / Person, Environment and Occupation: Professional Reasoning and Skills**
This course is designed to provide students with knowledge and skill in assessment and developing intervention strategies for individuals within the environments in which they fulfill daily occupations of self-care, productivity and leisure. The course provides students with opportunities to reason using accepted occupational therapy process models.

*629 / Occupational Therapy Practicum II*
Occupational Therapy Practicum II provides the opportunity for students to apply occupational therapy knowledge, skills and professional behaviours in a variety of environments in which occupational therapists provide service. Prior to completion of the full-time two-year program, students will gain experience in four settings, one of which will offer exposure to mental health issues. This is a Level 2 placement, the foci of which are on development of professional knowledge, skills, attitudes and behaviours; development of professional reasoning and problem-solving skills; planning, implementation and evaluation of all aspects of a program of occupational therapy; integration of constructive feedback into performance; and integration of previous academic and fieldwork experiences with current experience.

**TERM 3: DISABILITY AND OCCUPATION**

**637 / Disability and Occupation: Inquiry and Integration**
This course is designed to provide students with opportunities to develop an understanding of models of disability and occupation through large group discussion and exploration of learning issues developed from problem scenarios. The course will focus on disability theory, models of occupation, and the application of these theories and models to Occupational Therapy Practice.

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

TERM 4: YOUTH AND THE DEVELOPMENT OF SELF

717 / Complexities of Practice I: Children, Youth & Adults - Inquiry and Integration
The purpose of this course is to provide students with an opportunity to a) learn about a range of theoretical perspectives that inform occupational therapy practice with children, youth and adults, b) understand the key community and health systems that affect practice with children, youth and adults, and c) to integrate the knowledge gained with clinical reasoning and apply to clinical situations. Students will participate in large group seminar sessions as well as weekly problem-based tutorials (PBT).

718 / Complexities of Practice I: Children, Youth and Adults - Professional Reasoning and Skills
This course is designed to provide opportunities for the student to learn advanced practice skills in occupational therapy as they relate to working with children, adolescents and adults in their communities. Course content builds on knowledge and skills from previous terms with a focus on in-depth and "hands on" exploration of evidence-based assessments, interventions and service-delivery models in child, youth and adult psychosocial and physical rehabilitation. Emphasis will be placed on applying the learning to case-scenarios with an in-depth exploration of models of practice, roles, and practice settings.

*729 / Occupational Therapy Practicum III
The Occupational Therapy Practicum III course will provide the opportunity for students to apply occupational therapy knowledge, skills and professional behaviours in a variety of environments in which occupational therapists provide service. Prior to completion of the full-time two-year program, students will gain experience in four settings, one of which will offer exposure to mental health issues. This is a Level 3 (A) placement, the foci of which are on becoming increasingly independent working with clients, refinement of critical analysis skills within a fieldwork setting, engagement in professional activities. The student expands level of professional knowledge, skills, attitudes and behaviours; development of professional reasoning and problem-solving skills; planning, implementation and evaluation of all aspects of a program of occupational therapy; integration of constructive feedback into performance; and integration of previous academic and fieldwork experiences with current experience. Student shares and assumes responsibility for all components of practice such as referral analysis, assessment, planning, implementation of intervention programs, discharge planning and follow-up.

TERM 5: ADULTHOOD, COMMUNITY & PARTICIPATION

737 / Complexities of Practice II: Older Adults & Transition to Practice - Inquiry & Integration
The purpose of this course is to provide students with opportunities to; a) pursue advanced knowledge and understanding of complex concepts and system issues underlying occupational therapy practice with older adults, and b) to explore transition to
practice issues related to inter-professional collaboration and positioning the role of occupational therapy in a changing healthcare environment. Students will participate in large group seminar sessions, as well as inter-professional seminars and workshops. In addition, they will participate in weekly problem-based tutorials.

738 / Complexities of Practice II: Older Adults & Transition to Practice - Professional Reasoning and Skills
This course is divided into two parts, to provide opportunities for students to learn practice skills in occupational therapy as they relate to a) working with older adults in their communities, and b) preparing for transition to practice in a wide variety of settings. Course content builds on knowledge and skills from previous terms with a focus on in-depth and advanced exploration of evidence based assessments, interventions and service delivery models in complex areas of occupational therapy practice. In the second half of this course, students design and run their own workshops to prepare for the transition into current practice environments.

*739 / Occupational Therapy Practicum IV
This course will provide the opportunity for students to apply occupational therapy knowledge, skills, and professional behaviours in a variety of environments in which occupational therapists provide service. Prior to completion of the full-time two-year program, students will gain experience in four settings, one of which will offer exposure to mental health issues. This is a Level 3(B) placement, the foci of which are on consolidating knowledge, skills, professional attitudes and behaviours necessary to enter professional practice. This includes becoming increasingly independent working with clients, refinement of critical analysis skills within a fieldwork setting, and engagement in professional activities. The student further expands development of professional reasoning and problem-solving skills; planning, implementation and evaluation of all aspects of a program of occupational therapy; integration of constructive feedback into performance; and integration of previous academic and fieldwork experiences with current experience. Student assumes responsibility for all components of practice such as referral analysis, assessment, planning, implementation of intervention programs, discharge planning and follow-up. They become familiar and comfortable with preparation for independence in working with individuals, groups and/or organizations at the level of a competent entry-level occupational therapist.

747 / Complexities of Practice I: Enhancing Evidence-based Practice Skills
The course is a full course that runs in Term 4 of the 2nd year of the MSc OT program. It offers both large and small group learning opportunities that support students to use EBP processes to be consumers of evidence. Large group sessions will be structured to ensure students gain basic skills required for appraisal of research evidence. The small group sessions will support students to further refine their skills in searching, appraising, and applying research and other evidence related to practice dilemmas.

749 / Complexities of Practice II: Enhancing Evidence-based Practice Skills
This full course runs in Term 5 of the second year of the M.Sc.(OT) Program. It builds on Complexities of Practice I: Enhancing Evidence based Practice Skills in Term 4. Students will have dedicated time to conduct self-directed, independent work on their evidence based project under the guidance of project supervisors and faculty. Topics for
large group resource sessions will be developed based on student needs and negotiated with course coordinators. Students will also participate in an interactive online program evaluation module.

EDUCATIONAL METHODS

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

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

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

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

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

Fieldwork - Professional Practicum / Clinical Education is an essential component of a student occupational therapist’s education program. Each of the four (4) clinical
education courses builds on and integrates with the university-based courses. Clinical education courses offer students opportunities to apply their developing knowledge, skills and behaviours in a variety of clinical settings, which is consistent with the integration of both educational and professional frameworks within our programs. The Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT) (Bossers, Miller, Polatajko & Hartley, 2007) is used to evaluate essential competencies and individualized learning objectives in keeping with the self-directed philosophy of our program.

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

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

Learning resources fall into three broad categories:
1. Health Care Problems or “learning scenarios” are the central resource within our problem-based educational framework
2. People Resources
2. Reference Resources

Health Care Problems: “Learning scenarios”

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

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

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

“People” Resources

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

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

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

Other resource people: include faculty in the School of Occupational Therapy and Physiotherapy, the Faculty of Health Sciences and other Faculties of the university, tutors, practicum (fieldwork) preceptors, expert clinicians, community health...
professionals, and student peers. Students are also encouraged to contact and visit community agencies as part of their information searches.

**Reference Resources**

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

Reference resources fall into several categories:

i) *Books, journals, and government documents*: available through the library network with the primary resources located in Health Sciences Libraries.

ii) *Audio-visual materials* (photographs, videotapes, slides, audiotapes, and films): available in the Health Sciences Libraries at McMaster University and within the School of Rehabilitation Science.

iii) *Computer Resources*: include access to computer terminals, the Internet, World Wide Web, various databases for searching the literature, several e-learning modules/packages, wiki pages and other electronic resources.

iv) *Anatomy and pathology resources*: include a large number of protected wet specimens, plastic models, videotapes, slide-shows, and self-study modules.

v) *Custom Courseware packages*: are available for some study Terms. They contain key articles, as well as recommended articles that are not accessible electronically. Custom Courseware is available from McMaster Health Sciences Book Store at a price that reflects the cost of copyright permissions and copying charges.
STUDENT EVALUATION

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

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

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

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

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

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

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

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

Direct Observation techniques are used primarily to evaluate technical/behavioural skills. This type of practical examination might be used to evaluate interviewing skills, assessment techniques, and/or use of therapeutic interventions. Direct observation is frequently used in clinical practica as well.
Presentations are used throughout the Program. A health care professional must be articulate, able to defend an opinion or position, and able to present information and ideas in an organized and clear manner. To help the students develop these skills, individual and group presentations are used as evaluation components in most terms. Poster or podium presentations are used to present results of students' research projects.

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

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

Our cultural beliefs and expectations:

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

Self Directed Learning (SDL) is a key educational framework:
- It is a critical part of life long learning.
- It can be sabotaged in many ways. It is important for students to develop a way to identify their own learning style and preferences as early on as possible to
ensure that work gets done on time. SDL can be side tracked easily by social demands, time management concerns and other personal expectations. We aim for the 'just right challenge' in the program, as this can become the motivator for learning.

- **It constantly requires us to evaluate and monitor** how well we are managing to learn, keep up with required timelines and identify the scope and breadth of what we are learning. The critical question is often “Is this enough?”

- **It demands that we seek opportunities/resources** to further our learning.

**There are Graduate School expectations:**

- **Students in our program are graduate students** and there are master’s level expectations that need to be recognized.

- **Writing skills are central and cannot be ignored.** Good writing means two different things in this program; academic writing will become polished through written assignments; professional writing, such as documentation and reports, will become honed through the integration of practical skills with writing skills.

- **Evidence-based practice will become a cornerstone** of everything students do. Using evidence to guide actions and decisions is essential; students will learn what constitutes evidence and that it is often much broader than they realize.

- **The integration of theory and practice** is a critical and central expectation of master’s level education and our professional practice.

**There are cultural expectations of a Professional Program:**

- **The occupational therapy program** educates “therapists”, which therefore incorporates socialization of a professional within all learning opportunities.

- **There are components of core knowledge, skills and attitudes** that are needed and are not negotiable. The outcome of our program is based on key competencies, set out by our national association and regulatory bodies.

- Our curriculum is based on several core constructs involving professional behaviours and attitudes.

- **Practicum opportunities build** upon what is learned within the academic portion of the program; fieldwork/practicum experiences are closely aligned and related to academic learning.

- **Feedback is a critical form of learning and evaluation** and should be:
  - Balanced (sandwiched if appropriate: positive-constructive-positive)
  - Used to identify gaps in learning
  - Not “personal”
  - Part of collaborative learning, thus potentially benefiting everyone
  - For all: student as learner, faculty (includes tutors, preceptors) as facilitator and ongoing learner
  - Similar to clinical skills of conveying information and feedback to clients and teams.

**Our culture influences Evaluation and Grading:**

- **A grade of ‘B’ denotes that a student is at a “competent” level of performance.** A ‘B’ is considered a good, average grade at a master’s level.

- **Faculty members consider what competent means** for each assignment, using the CAOT Profile of competencies.
The process of learning is as important as content – therefore faculty are always evaluating how a student is thinking - This element of “clinical reasoning” is essential for professional practice.

Multiple choice question tests are rarely used. The focus is on clinical reasoning and evaluation methods that fit with PBL and self-directed learning principles

We are always looking for elements of linking evidence to outcomes.

Elements of writing and referencing (APA Style) are always part of the evaluation of written work.

Faculty have expectations of Students:

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

We also have expectations of ourselves as Faculty:

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


