Department of Occupational Therapy

Curriculum Design

The Department of Occupational Therapy seeks to develop entry-level practitioners who are prepared to make *evidence-based decisions* that support occupation, participation, and health. The curriculum also promotes *professionalism* in students who will advocate for collaborative relationships with clients and other professionals to support participation in home, school, workplace, and community settings. The curriculum is further designed to promote the *therapeutic use of occupations* with clients, which may take the form of habilitation, rehabilitation, prevention, or the promotion of health and wellness to those who have or are at risk for developing an impairment of body structure/function, activity limitation, or restricted participation. The curriculum provides students with a *clinical reasoning* process for making clinical decisions and meeting the practice demands of various settings.

Core Curricular Threads

The philosophy of the Department of Occupational Therapy is applied to the curriculum through four core curricular threads with specific student learning outcomes. These threads include: occupation-based practice, scholarly inquiry, professionalism, and clinical reasoning.

Occupation-based practice.

We believe students will be grounded in the theoretical foundations of occupational therapy and how theory guides practice by identifying occupation-based practice as a core thread in the curriculum. Further, the curriculum aims to emphasize the power of engagement in meaningful occupation as a means for wellness and recovery and as an outcome of the occupational therapy process.

Curricular progression.

In the Occupational Therapy Program, the theoretical models of occupation relating the person, context, and the task are discussed early in the curriculum with the aim of expanding students' understanding of the profession's domain and processes as a basis for practice. The application of occupation-based practice to a range of diverse clinical populations across the lifespan occurs sequentially through the five-course Occupational Performance series. This sequence of courses progressively increases students' ability to understand the relationships among client factors and occupational performance so that effective interventions for remediation, adaptation, prevention, and wellness are utilized with individual clients and populations. A more dynamic understanding of occupation-based assessment and intervention occurs when students apply their knowledge and skills to key components of practice including: client-centered care, therapeutic use of self, analysis of occupational performance, and consideration of the task, context, and person when designing purposeful and meaningful occupationally embedded activities. Student opportunity for experiential application of

occupation-based practice occurs during Level I and II fieldwork experiences both on and off campus as well as in didactic coursework.

Scholarly inquiry. Evidence-based practice is fundamental to health care practice, therefore occupational therapy students must develop skills, knowledge, and attitudes that allow them to translate research knowledge into action in any practice setting. The Sicily Statement (Dawes et al., 2012) provided minimum expectations for knowledge, skills, and attitudes of students in health care professions describing the fundamentals in evidence-based practice process as *ask, acquire, appraise, apply, and assess*.

Curricular progression. The first three steps in evidence-based practice are learned in early didactic coursework where students are taught that the uncertainty of clinical practice can be managed by forming good questions, searching for the best evidence, and then appraising that evidence. As consumers of evidence, students also learn the value and importance of staying current with evidence as a career-long process as they incorporate evidence into coursework for clinical courses. The fourth and fifth steps (apply and assess) are taught through case examples; however, the most effective way is by doing it within the context of fieldwork experiences with actual clients. The on-campus maurices® Community Clinic Level I fieldwork experiences offer an experiential learning opportunity for students to go through all five steps of the evidence-based practice process. These Level I fieldwork experiences particularly afford the opportunity to *apply* found and appraised evidence to clinical decisions for actual clients in real time and to assess client outcomes. Students transition to producing and disseminating evidence through mentored original research projects in the second year of the program.

Professionalism. Professional parameters encompass the legal and ethical constructs that guide practice and are reflected as values, attitudes, and ethical compliance (Bossers et al., 1999; Fidler, 1996). The professional parameters are further guided by the standards of practice within official documents of AOTA. Professional behavior consists of technical practice skills, relationships with clients and the interdisciplinary team, and presentation of self. Professional behavior consists of dependability, professional presentation, interpersonal competence (initiative, empathy, cooperation), organization, communication (verbal, nonverbal, written) (Bossers et al., 1999; Fidler, 1996; Kasar & Nelson-Clark, 2000; Scheerer, 2003), and critical thinking (theory, scholarly inquiry, mechanistic reasoning, innovative approaches). Professional responsibility involves the leadership role occupational therapists take in promoting the profession, developing a love of lifelong learning, and advocating for clients and the community (Bossers et al., 1999).

Curricular progression. Professionalism is emphasized during didactic course work and practiced in the Level I and II fieldwork courses by connecting to the role of professionalism within occupational therapy practice. Core professionalism concepts of ethical thinking, communication, timeliness, organization, interpersonal competence, and critical thinking are expected to be demonstrated throughout classroom interactions,

coursework, clinical experiences, faculty-student discussions, and program events. The role of professionalism in occupational therapy begins in the pre-requisite course requirements and continues throughout each semester by outlining clear expectations and consequences in course syllabi. Professionalism is identified as an outcome in each of the four experiential Level I fieldworks and during both Level II fieldwork experiences. The faculty believe that professionalism develops along a continuum beginning with application to the program and continuing through didactic coursework and experiential fieldwork opportunities. Students are advised by faculty about their professional development using the Learner Professional Development Plan (PDP), which is reviewed each semester between the student and their faculty advisor. As part of this process, students are expected to be active participants in their professional development by reflecting on how they have demonstrated professionalism and taken action to meet goals across semesters. Students also identify opportunities outside the didactic curriculum to foster their professional and inter-professional development. The curriculum offers a variety of interprofessional educational experiences in both didactic and fieldwork courses. These professional skills, woven with the Benedictine values, are intended to carry over to successful practice as responsible entry-level practitioners.

Clinical Reasoning. Entry-level practitioners must be able to demonstrate beginning level clinical reasoning skills (AOTA, 2015a; AOTA, 2015b), therefore clinical reasoning is an essential outcome for students. The use of clinical reasoning demonstrates the student's ability to use higher level thought processes for decision making during occupational therapy practice. Various forms of clinical reasoning are used throughout the OT process including procedural reasoning, narrative reasoning, conditional reasoning, diagnostic reasoning, and ethical reasoning (Schell & Schell, 2008).

Curricular progression. The aim of the Occupational Therapy Program is to graduate students that are proficient in clinical reasoning at the *novice* level and that are developing clinical reasoning at the *advanced beginner* level (Unsworth, 2001). Students develop clinical reasoning through skill acquisition and must shift their thinking from reliance on knowledge of theories and principles toward active involvement in client experiences. Students learn to observe a whole situation and identify parts most relevant to decision-making. Early in the curriculum, students are introduced to basic skills and learn to make decisions based on knowledge of theories and principles. Students at this stage require concrete methods to guide their thinking. Further, conscious effort is made to move students step-by-step through a situation, which requires explicit understanding of the types of clinical reasoning and guided questions that address each type of clinical reasoning (Neistadt, 1998). Through experiential learning opportunities, students' progress their clinical reasoning acquisition to make decisions specific to situations, which may require modification to theories, principles, and step-by-step methods. Students continue to progress towards more automatic clinical reasoning through competency, proficiency, and expert stages of clinical reasoning as they enter practice as a generalist practitioner.

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