DALHOUSIE UNIVERSITY

Master of Science – Occupational Therapy Curriculum Document

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Introduction

The School of Occupational Therapy is committed to preparing exceptional professionals and scholars who understand and respond to the needs for meaningful occupation of individuals, families, groups, communities, organizations, and populations in Atlantic Canada and around the world. The School is informed by global perspectives on occupational therapy education and research to ensure that the activities of the School are on the leading edge worldwide.

Consistent with the strategic plans of the Faculty of Health and Dalhousie University, the School's Strategic Plan 2018-2023 outlines our vision, mission, and specific strategic directions (Figure 1).

Since the previous iteration of the conceptual frameworks (2014) forming the foundation of our entry-to-practice program, our understanding of professional and educational concepts has evolved. Through the organic experience of educating students, engaging in research and scholarship, working through challenges, and establishing new strategic priorities, we have refined our understanding of professional and educational concepts.

In January 2020, we began the formal process of revising our conceptual frameworks by revisiting the previous frameworks, reflecting on which foundations have or have not held over time, removing outdated ideas, and streamlining the concepts to remove repetition and redundancies. While the process was interrupted by onset of the pandemic, we returned to it in the fall of 2020 where further reflection and discussion again refined existing ideas and introduced new ideas that had been integrated into our professional and educational understanding in recent years.

The current professional and educational conceptual frameworks were approved by School Council on January 27, 2021. This iteration reflects the 'things that matter to us' as we've discussed over the years and is, therefore, a reflection of our ongoing thoughts and actions as well as being aspirational for the directions we want to grow and improve into the future.

The integration of the educational and professional conceptual frameworks provides the philosophical foundation for the MSc(OT) program goal. The **Program Goal** is to:

Educate exceptional, entry-level occupational therapists
who have the innovative skills, knowledge and behaviours
to engage individuals and communities in meaningful occupations.

The centerpiece of our Mission, Vision and Program Goal is the enhancement of occupation for diverse peoples around us through the unique skills, knowledge and practice capacities of our learners, graduates, and instructors. Our School, and our MSc(OT) Program, are inherently occupation-centered, and centered on skilled collaboration with individuals and communities toward client goals.

This document outlines the educational and professional conceptual frameworks that are the philosophical foundation of our MSc(OT) program, provides a detailed overview of the curriculum, and describes the program structure.

Figure 1: Dalhousie's School of Occupational Therapy, Strategic Plan 2018-2023

1. Conceptual Frameworks

Educational Conceptual Framework

The educational conceptual framework captures the values, beliefs, assumptions, knowledge and teaching approaches used to guide the School's educational program. The educational conceptual framework is evidence-informed and Table 1.1 cites sources that reflect current educational theories and practices.

The educational conceptual framework includes our commitment to four core concepts: 1) collaborative, coordinated, experiential; 2) respectful, reciprocal, progressive; 3) just right challenge; and 4) justice, equity, belonging.

Table 1.1: Educational Conceptual Framework

	**Collaborative, coordinated, experiential**
	• Careful coordination ensures logical, well-integrated developmental learning of knowledge, skills and behaviours across the curriculum • Collaboration with practice partners, and inter-professionally, enables vital learner engagement • Experiential learning (experience, reflection, analysis, experimentation) is critical for professional education that demands skills, clinical reasoning and critical thinking • Field education, labs, and simulations are key to consolidating didactic and experiential learning
	Baker, L., Phelan, S. K**.,** Woods, N. N., Boyd, V. A., Rowland, P., & Ng, S. L. (2021). Re-Envisioning Paradigms of Education: Towards Awareness, Alignment, and Pluralism. *Advances in Health Sciences Education, Advance Online*, 1-14. DOI: 10.1007/s10459-021-10036-z Bloom, B.S., Engelhart, M.D., Furst, E.J., Hill, W.H., & Krathwohl, D.R. (1956). *Taxonomy of educational objectives: The classification of educational goals.* New York: David McKay Company. Brydges, R., Manzone, J., Shanks, D., Hatala, R., Hamstra, S. J., Zendejas, B., & Cook, D. A. (2015). Self-regulated learning in simulation- based training: A systematic review and meta-analysis. Medical Education, 49(4), 368-378. Doi: 10.1111/medu.12649 Cruess, R.L., Cruess, S.R., & Steinert, Y. (2016). Amending Miller's Pyramid to Include Professional Identity Formation, *Academic Medicine*, 91(2), 180-185 doi: 10.1097/ACM.0000000000000913 Eppich, W., & Cheng, A. (2015). Promoting Excellence and Reflective Learning in Simulation (PEARLS): development and rationale for a blended approach to health care simulation debriefing. Simulation in Healthcare, 10(2), 106-115. Kolb. D. A., & Fry, R. (1975). Toward an applied theory of experiential learning. in C. Cooper (ed.), *Theories of Group Process,* London: John Wiley. Krathwohl, D.R. (2002). A Revision of Bloom's Taxonomy: An Overview. Theory into Practice, 41(4), 212-218. Doi: **10.1207/s15430421tip4104_2** MacKenzie, D.E., Kiepek, N., Picketts, L., Zubriski, S. Landry, K., & Harris, J. (accepted February 19, 2021). Preparing learners for practice through simulation: key features for educational design, preceptors, and learners. *Open Journal of Occupational Therapy.*

Merritt B.K., Blake A.I., McIntyre, A.H., & Packer T.L. (2012). Curriculum evaluation: Linking curriculum objectives to essential competencies. *Canadian Journal of Occupational Therapy*, 79 (3), 175-180. DOI: 10.2182/cjot.2012.79.3.7

Miller, G. E. (1990). The assessment of clinical skills/competence/performance. *Academic Medicine*, 65(9), S63-S67.

Taylor, D.C.M., & Hamdy, H. (2013). Adult learning theories: Implications for learning and teaching in medical education. *Medical Teacher*, 35, e1561-e1572. Doi: **10.3109/0142159X.2013.828153**

Respectful, reciprocal, progressive

- Respectful reciprocity is essential – between School and field; between evidence and practice; between theory and practice; between professions; among students, faculty and staff
- A professional education program exploits the productive tension between meeting the needs of current practice contexts, employers and practitioners while moving the profession toward new visions, new ways of thinking and practicing

Barr, H., Freeth, D., Hammick, M., Koppel, I., & Reeves, S. (2006). The evidence base and recommendations for interprofessional education in health and social care. Journal of Interprofessional Care, 20(1), 75–78.

Ferri, P., Rovesti, S., Magnani, D., Barbieri, A., Bargellini, A., Mongelli F., et al. (2018). The efficacy of interprofessional simulation in improving collaborative attitude between nursing students and residents in medicine. A study protocol for a randomised controlled trial. *Acta Biomedica,* 89(Suppl 7):32–40.

Hammick, M., Freeth, D., Koppel, I., Reeves, S., & Barr, H. (2007). A best evidence systematic review of interprofessional education: BEME Guide no. 9. Medical Teacher., 29, 735–751.

Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (2014). The NCSBN national simulation study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation*, *5*(2), 1-66.

MacKenzie, D.E., Merritt, B.K., Holstead, R., & Sarty, G.E. (e-pub 2019; 2020). Professional practice behaviour tool development: identification and validation of key indicators. *British Journal of Occupational Therapy, 83*(7), 432-446. Doi: 10.1177/0308022619879361

Rudolph, J.W., Simon, R., Dufresne, R.L., & Raemer, D.B. (2006). There's no such thing as ''nonjudgmental'' debriefing: a theory and method for debriefing with good judgment. *Simulation in Healthcare*, 1(1):49-55.

Rudolph, J.W., Simon, R., Rivard, P., Dufresne, R.L., & Raemer, D.B. (2007). Debriefing with good judgment: combining rigorous feedback with genuine inquiry. *Anesthesiology Clinics*, 25(2):361-376.

Just right challenge

- An intellectually rigorous curriculum holds students to high academic and performance standards while offering multiple, flexible forms of teaching and evaluation to meet the needs of diverse learners (and educators)

	• Finding the 'just right challenge' urges students to learn from mistakes, always striving to exceed current abilities – good practice for life long professional learning • Developing skills for giving effective feedback, and for accepting and implementing critical feedback, are essential for professional education • Transformative learning rejects the 'safe learning environment' in favour of brave spaces in which to hold courageous conversations (Arao & Clemens, 2013), embracing a pedagogy of discomfort (Boler, 1999) that requires finding a critical edge where challenge is met with willingness to grow
	Arao, B & Clemens, K. (2013) From Safe Spaces to Brave Spaces: A New Way to Frame Dialogue Around Diversity and Social Justice. In Landerman, L (ed). *The Art of Effective Facilitation.* Stylus Publishing. Boler, M. (1999). *Feeling Power: Emotions and Education.* NY: Routledge. Chiniara, G., Cole, G., Brisbin, K., Huffman, D., Cragg, B., Lamacchia, M., & Norman, D. (2013). Simulation in healthcare: a taxonomy and a conceptual framework for instructional design and media selection. *Medical Teacher*, *35*(8), e1380-e1395 hooks, b. (1994). Teaching To Transgress. Routledge. Mezirow, J. (1991). *Transformative Dimensions of Adult Learning*. San Francisco, CA: Jossey-Bass. Mezirow, J. (2000). *Learning as Transformation: Critical Perspectives on a Theory in Progress*. San Francisco: Jossey Bass. Monahan, N. (2016). Brave Classrooms and Courageous Conversations. *Faculty Focus: Higher Ed Teaching Strategies*. **https://www.facultyfocus.com/articles/teaching-and-learning/brave-classrooms-courageous-conversations/**
	Justice, equity, belonging
	• Professions and professional education are enhanced through the presence and contributions of diverse learners and educators, including members of marginalized or oppressed groups • Expectations, ways of knowing, theories, assumptions, and practices in professional education have been shaped by the power relations of their creation, privileging some learners and marginalizing others; they require critical examination and transformation • Constant critical reflexivity is needed to steadily move toward curriculum content and pedagogy that embody justice and equity • Faculty development, community partnerships and institutional change are essential steps to achieve education that challenges oppression (colonialism, racism, Western cultural biases, cis-gender binarism, hetero-sexism, classism, ableism, ageism)

	Battiste, M. (2017). *Decolonizing Education: Nourishing the Learning Spirit*. UBC Press, Purich Publishing Freire, P. (1993). Pedagogy of the Oppressed (20th Anniv.). Continuum. Kovach, M. (2010). *Indigenous Methodologies: Characteristics, Conversations and Contexts.* Toronto, ON: University of Toronto Press. Metzl, J. M., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine*, 103, 126–133. doi: 10.1016/j.socscimed.2013.06.032 Pirbhai-Illich, F., Pete, S., & Martin, F. (Eds.) (2017). Culturally Responsive Pedagogy: Working towards Decolonization, Indigeneity and Interculturalism. Toronto: Palgrave Macmillan. Rose, D.H., & Meyer, A. (2002). Teaching every student in the digital age: universal design for learning. Alexandria, VA: Association for Supervision and Curriculum Development. Sibbald, K., & Beagan, B. (under review). "I'm supposed to be this perfect person": Altruism and secret sacrifice among disabled healthcare professionals. Submitted to *Disability & Society*, May 2021. St Denis, V. (2017). Critical Race Theory and its Implication for Indigenous Cultural Safety. Indigenous Cultural Safety Collaborative Learning Series. Provincial Health Services Authority of British Columbia. http://www.icscollaborative.com/webinars/previous-webinars

Professional Conceptual Framework

The professional conceptual framework captures the values, beliefs, assumptions, knowledge, and approaches used to guide the School's educational program. The professional conceptual framework is evidence-based and Table 1.2 cites sources that reflect current professional theories and practices.

Professional Conceptual Framework includes our commitment to three core concepts: 1) occupation is intricately connected with person, environment and well-being; 2) professional behaviour is ethical practice; and 3) commitment to justice and equity.

Table 1.2: Professional Conceptual Framework

	Occupation is intricately connected with person, environment and well-being
	• Occupation is both a means and an end, and is simultaneously individual and social • Occupational engagement is important to human wellbeing, including those occupations not deemed health-promoting • Occupation is shaped by individual interests and abilities, cultural values and expectations, social structures and power relations, political, economic and geographic contexts • Occupation in turn shapes individuals, communities, cultures, societies, political economies and histories

Atchison, B., & Dirette, D. (Eds.). (2017). *Conditions in occupational therapy: Effect on occupational performance* (5th ed.). Baltimore, MD: Lippincott Williams and Wilkins.

Cole, M., & Tufano, R. (2020). *Applied theories in occupational therapy: A practical approach (2nd edition)*. Thorofare, NJ: SLACK.

Dirette, D.P., & Gutman, S.A., Eds (2021). *Occupational Therapy for Physical Dysfunction, 8th edition*. Lippincott Williams & Wilkins, Baltimore.

Fisher, A.G. (2014). Occupation-centered, occupation-based, occupation-focused: Same, same or different? *Scandinavian Journal of Occupational Therapy, 21,* (suppl. 1): 97-107.

Law, M., Baum, C., & Dunn, W. (2017). *Measuring occupational performance. Supporting best practice in occupational therapy*. Thorofare, NJ: SLACK

McColl, M., Law, M.C., & Stewart, D. (2015). *Theoretical basis of occupational therapy* (Third ed.). Thorofare, NJ: Slack.

McPherson, K., Gibson, B. E., & Leplege, A. (2015). *Rethinking rehabilitation: Theory and practice*. Boca Raton, FL: Taylor & Francis.

Taylor, R., & Kielhofner, G. (2017). *Kielhofner's model of human occupation: Theory and application* (Fifth ed.). Philadelphia: Wolters Kluwer.

Wilcock, A.A. (2001). *Occupation for health: Volume 1: A journey from self health to prescription*. London: College of Occupational Therapists.

Professional behaviour is ethical practice

- Professional behaviours are skills that can be learned and are critical to being part of a self-regulated profession
- Clinical reasoning, reflection and self-awareness are key to ethical decision making
- Life-long learning is essential to identifying and filling gaps in skills and knowledge as practice expectations change over time
- Critical reflexivity is key to constantly challenging personal, professional and institutional biases, holding ourselves, each other and the profession accountable

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO). (2011). *The Essential Competencies of Practice for Occupational Therapists in Canada*. (3rd.). Author: Canada.

MacKenzie, D.E., Merritt, B.K., Holstead, R., & Sarty, G.E. (e-pub 2019; 2020). Professional practice behaviour tool development: identification and validation of key indicators. *British Journal of Occupational Therapy, 83*(7), 432-446. Doi: 10.1177/0308022619879361

Mak-van der Vossen, M., van Mook, W., van der Burgt, S., et al. (2017). Descriptors for unprofessional behaviours of medical students: A systematic review and categorization *BMC Medical Education* 17(1): 164, 1–12.

Rees, C., & Shepherd, M. (2005). Students' and assessors' attitudes towards students' self-assessment of their personal and professional behaviours. *Medical Education* 39(1): 30–39.

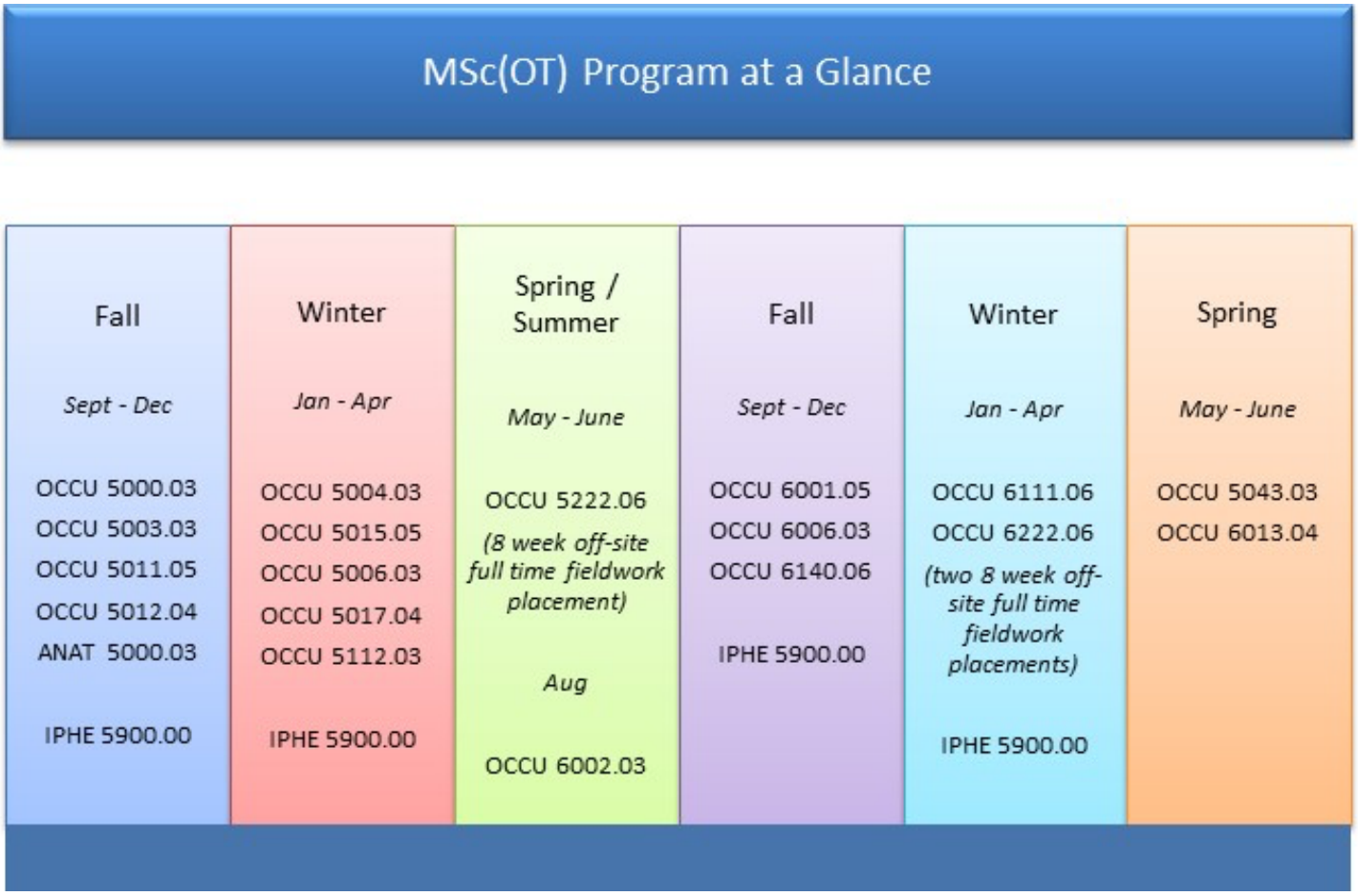
Regehr, G., & Eva, K. (2006). Self-assessment, self-direction, and the self-regulating professional. *Clinical Orthopaedics and Related Research* 449: 34–38.

	Justice and equity
	• Inequitable access to participation in meaningful occupations is an injustice that occupational therapists strive to address • Access to, engagement in, and performance of and meaning of occupations are influenced by individual capacities as well as social hierarchies of privilege and oppression (including colonialism, racism, classism, ableism, heterosexism, gender binarism, sexism, ageism, citizenship and the dominance of Western Eurocentric ideas and groups) • Occupational therapists address barriers to occupation at multiple levels
	Durocher, E., Gibson, B. E., & Rappolt, S. (2014). Occupational justice: A conceptual review. *Journal of Occupational Science*, 21, 418–430. doi:10.1080/14427591.2013.775692 Kiepek, N. (2020). Innocent observers? Discursive choices and the construction of "occupation." *Journal of Occupational Science*. doi: 10.1080/14427591.2020.1799847 Kiepek, N., Beagan, B.L., Laliberte Rudman, D., & Phelan, S. (2019). Non-sanctioned occupations: Silences around activities framed as unhealthy, illegal, and deviant. *Journal of Occupational Science*. 2019; 26(3): 341-353. doi: 10.1080/14427591.2018.1499123 Stadnyk, R., Townsend, E., & Wilcock, A. (2010). Occupational justice. In C. H. Christiansen & E. A. Townsend (Eds.), *Introduction to occupation: The art and science of living*. (2nd ed., pp. 329–358). Upper Saddle River, NJ: Pearson Education. Townsend, E., & Wilcock, A. (2004). Occupational justice. In C. H. Christiansen & E. A. Townsend (Eds.), *An introduction to occupation: The art and science of living* (pp. 243–273). Thorofare, NJ: Prentice Hall. White, T., & Beagan, B.L. (2020). Occupational therapy roles in an Indigenous context: An integrative review. *Canadian Journal of Occupational Therapy*, 87(3): 200-210. doi: 10.1177/0008417420924933

2. Curriculum Overview

Our integrated curriculum design includes the development of progressive learning expectations – where students bridge and build upon their prior and current knowledge, skills and behaviours to eventually attain the advanced program-level learning objectives (Bloom et al, 1956; Krathwohl, 2002; Merritt, Blake, McIntyre & Packer, 2012; Taylor & Hamdy, 2013). We use models of adult learning and Bloom's taxonomy (Bloom et al; Anderson & Krathwohl, 2001) to collaboratively ensure that we craft a coordinated curriculum, building student learning developmentally and sequentially. We adopt a pluralistic approach to education (Baker, Phelan, Woods, Boyd, Rowland & Ng, 2021), carefully considering how different education paradigms align to provide optimal and meaningfully impactful education experiences. Academic and fieldwork course objectives build on skills and knowledge of previous courses, systematically progressing students towards expected program learning competencies, which is consistent with the concept of graduated (progressive) learning.
The tables and figures that follow provide an overview of the curriculum from several perspectives. Figure 2 provides a quick glance at the organization of courses across all six terms of the program.

Figure 2: Curriculum at a Glance



Program Goal and Objectives

The integration of the educational and professional conceptual frameworks provides the philosophical foundation for the MSc(OT) program goal and is the basis for defining learning objectives which lead to the anticipated outcomes, so that objectives and outcomes are mirror images.

The **Program Goal** is to:

> ***Educate exceptional, entry-level occupational therapists who have the innovative skills, knowledge and behaviours to engage individuals and communities in meaningful occupations.***

The course objectives belong to MSc(OT) Entry Level Program as "an integrated program where any changes to course objectives can affect the program as a whole" (see Course Objectives Policy).

In ***planning the curriculum***, the School utilized an outcomes based curriculum design method, which involved working backwards from stated curricular (program) outcomes (Prideaux, 2003). Within this process, the School first utilized multiple resources to develop seven core curricular competencies (ACOTRO, 2003; Canadian Association of Occupational Therapists, 2002; Bossers, Miller, Polatajko, & Hartley, 2002; Hocking & Ness, 2004; World Federation of Occupational Therapists, 2002). With the seven competencies in place, endpoint (program) learning objectives for each of the competencies were developed. Through this process, the School took great strides to ensure that the competencies and endpoint learning objectives were in line with national and international expectations of what constitutes a proficient entry level occupational therapist. Therefore, there is evidence to support the claim that if a student attains competence in these seven areas of practice, he/she will be ready to meet the demands and expectations of an entry level occupational therapist. This evaluative process is done in a separate study – where graduates of the program have been surveyed regarding their preparedness for occupational therapy practice.

The Dalhousie MSc(OT) Competency Framework was drawn from six occupational therapy competency frameworks used in Canada or internationally (Table 2.1).

Table 2.1: Seven Occupational Therapy Competency Frameworks

Dalhousie University School of Occupational Therapy Curricular Competencies	Essential Areas for Competent Generalist, Entry Level Practice WFOT 2004	Profile of Occupational Therapy Practice in Canada Units of Competence Second Edition CAOT 2002	Exam Blueprint Knowledge Categories CAOT 2002	Competency-Based Fieldwork Evaluation for Occupational Therapists CBFE-OT 2002	Assoc. of Canadian Occupational Therapy Regulatory Organizations Second Edition ACOTRO 2003	Occupational Therapy Competencies - European Tuning Project ENOTHE 2005
Describe & Analyze Occupational Science & Occupational Therapy Theories	Person-Occupation Environment Relationship & Health		Occupational Performance: Person(s) Environment Occupation	Professional Development	Engages in Professional Development	Knowledge of Occupational Therapy

Use Related Knowledge	Context of Practice	Quality Management Of Occupational Therapy Services	Professional Knowledge - Ethics, Administration, Scope Of Practice	Performance Management	Manages the Practice Environment	Management & Promotion of Occupational Therapy
Use & Generate Research	Professional Reasoning & Behaviour	Management And Promotion Of Occupational Therapy Services	Professional Knowledge - Research	Clinical Reasoning	Thinks Critically	Research & Development in Occupational Therapy/Science
Assess & Analyze	Therapeutic & Professional Relationships	Organization Of Practice, Leadership And Interpersonal Relationships	Assessment & Professional Knowledge - Communication	Communication	Communicates Effectively	
Enable Occupation – Plan, Implement, Evaluate	Occupational Therapy Process	Occupational Performance Practice Process	Planning Implementation Evaluation	Facilitating Change With A Practice Process	Utilizes a Practice Process	Occupational Therapy Process & Professional Reasoning
Integrate & Apply Knowledge & Theory in Practice				Practice Knowledge	Demonstrates Practice Knowledge	
Advance the Profession		Professional Accountability	Professional Behaviour & Accountability	Professional Interactions & Responsibility	Assumes Professional Responsibility	Professional Autonomy & Accountability

A key distinguishing point in the Dalhousie competency framework is the recognition of the competency to articulate the profession's own knowledge base in occupation, drawing on occupational science and occupational therapy. Another distinguishing point is the explicit inclusion of competence in using research for evidence-informed practice, program design and evaluation.

As part of our highly coordinated curriculum, academic and fieldwork course objectives build on skills and knowledge of previous courses, systematically progressing students towards the essential competencies for occupational therapists, which is consistent with the concept of graduated (progressive) learning. Faculty gathered in May 2021 to review the Program Learning Objectives and Individual Course Objectives (academic and fieldwork) in accordance with the revised Bloom's taxonomy (Krathwohl, 2002), the Profile of Practice (2012) for primary and secondary roles as well as the CORECOM (validation draft, March 2021) for primary and secondary composition. Table 2.2 charts the overall program learning outcomes using the revised Bloom's taxonomy, the Profile and the CORECOM validation draft. (For a detailed charting of individual course objective outcomes using Bloom's taxomony, the Profile of Practice and the CORECOM validation draft see Appendix A.)

The School developed course-specific objectives that were designed to gradually promote the attainment of the curricular endpoints and competencies. Bloom's Taxonomy of Cognitive Learning Behaviours (Krathwohl, 2002) was utilized as a guide to ensure that the integration of the courses and the progression of desired learning behaviours were philosophically and academically sound. Thus, the curriculum was

designed with the underlying belief that, through integrated learning across the curriculum, students' progress along a logical learning curve towards the curricular end points in each competency.

As a graduate program, preparing learners for professional practice, our program is 'collaborative, coordinated, and experiential'. Our integrated curriculum design includes the development of progressive learning expectations – where students bridge and build upon their prior and current knowledge, skills and behaviours to eventually attain the advanced program-level learning objectives (Bloom, 1956; Krathwohl, 2002; Taylor & Hamdy, 2013; Merritt et al., 2012). We use models of adult learning and Bloom's taxonomy (1956; Anderson et al., 2001) to collaboratively ensure that we craft a coordinated curriculum, building student learning developmentally and sequentially. We adopt a pluralistic approach to education (Baker, et al. 2021), carefully considering how different education paradigms align to provide optimal and meaningfully impactful education experiences.

Table 2.2: MSc(OT) Program Objective Mapping Across Competencies & Bloom's Taxonomy

Global Competency	MSc(OT) Program Learning Objectives (Outcomes)	Bloom's Revised*	Profile**		CORECOM‡ (Draft)	
			Primary	Secondary	Primary	Secondary
Describe and analyze occupation-based theories.	1. Defend the use of appropriate theories, models, and frames of reference to guide practice	6	SP	COM, CA	A	C,D,B
	2. Critically appraise practice based on current theories	6	EO	CA, SP	A	C,D,
	3. Explain occupation-based theories to a non-occupational therapy audience	5	COM	CA, SP	A	B,C
	4. Describe historical influences on occupational therapy	2	EO	CA, SP	A	B
	5. Integrate knowledge, skills, behaviour in an occupation-focused practice	5	EO	CA, SP, P	A	D,E,
Enable Occupational Change &/or Maintenance	1. Safely and effectively implement occupation-based interventions with diverse clients in diverse practice settings	6	EO	CA, SP, P	A	C,D,
	2. Critically monitor and modify the intervention process	6	EO	CA, SP, P	A	C,D,
	3. Integrate best-available evidence into practice	5	EO	CA, SP, P	A	C,D,
	4. Demonstrate advocacy skills related to the occupational needs of clients	3	EO	CA, SP, P	A	B,C
	5. Engage in practice processes that address social and health inequities	3	EO	CA, SP, P	A	B,C
	6. Judicious application of skills of grading & adaptation to address occupational performance and engagement	4	EO	CA, SP, P	A	D
Assess & Analyze	1. Evaluate assessment information concerning occupation and occupational performance	6	EO	SP, CA	A	D
	2. Synthesize multiple sources of information to explain occupational implications of various social, environmental & person factors	5	EO	SP, CA	A	D,C
	3. Critique assessment strategies & outcome measures	6	EO	SP, CA	A	D

	4. Judicious application of skills of grading & adaptation to address issues of occupational fit	6	EO	SP, CA	A	D
	5. Evaluate the person and environmental aspects of occupation	6	EO	SP, CA	A	D,C
	6. Engage in practice processes that address social and health inequities	3	EO	CA, SP, P	A	B,C
	7. Judicious application of skills of grading & adaptation to address occupational performance and engagement	4	EO	CA, SP, P	A	D
Appraise and Apply Evidence	1. Use evidence to critically appraise practice	4	SP	CA	D	A,B
	2. Critically appraise evidence	4	SP	CA	D	A
	3. Demonstrate understanding of research methods	3	SP	CA	D	F
	4. Defend the contribution of evidence to OT practice	6	SP	CA	B	A, D
	5. Defend use of research paradigms	6	SP	CA	B	D
Advance the Profession	1. Articulate principles & values of occupational therapy	3	COM	P, CA	A	B
	2. Demonstrate practice congruent with the professional scope of occupational therapy	3	CA	P, EO	E	A
	3. Demonstrate self-reflective practice skills	3	CA	P, EO	D	E
	4. Identify areas for expansion of occupational therapy services	2	CA	P, EO	B	A
	5. Apply principles of program design and evaluation	6	CA	P, EO	D	A
	6. Demonstrate advocacy skills to promote the profession	3	CA	P, EO	B	F
Manage Practice	1. Demonstrate entry-level understanding of budgetary processes, workload management, marketing, and entrepreneurship	2	PM	P, C	F	A
	2. Demonstrate skills to analyze and respond to potential ethical and legal concerns	3	PM	P, C	E	C
	3. Comply with regulatory requirements (e.g., code of ethics, workplace safety, legislation)	3	PM	P, C	E	B
	4. Apply risk management protocols and procedures	3	PM	P, C	E	A
	5. Demonstrate collaborative skills within profession and interprofessional teams	4	C	P, COM	B	A,C,F
Use Related Knowledge	1. Examine how the self impacts the therapeutic process	4	CA	P, SP	D	C, F
	2. Identify how client-social location affects the therapeutic process	2	CA	P, SP	C	D,F
	3. Demonstrate appropriate responses to social issues in practice	3	CA	P, SP	C	D,F

	4. Critically appraise related knowledge: population health, anatomy, physiology, health conditions, pharmacology, health law, strategic planning, management, administration, systems (health, education, social welfare, etc.) for use in the occupational therapy process	4	SP	P, CA	D	A

**CAOT Profile of Practice (2012); ‡CORECOM Draft (March 2021);

Mapping Key:

Dal OT Global Competencies	Profile Roles (CAOT, 2012)
Describe and analyze occupation-based theories	C = Collaborator
Enable Occupational Change &/or Maintenance	CA = Change Agent
Assess & Analyze	SP = Scholarly Practitioner
Appraise and Apply Evidence	COM = Communicator
Advance the Profession	P = Professional
Manage Practice	EO = Expert in Enabling Occupation
Use Related Knowledge	PM = Practice Manager
Bloom's Revised Taxonomy	**CORECOM (March 2021 Validation Draft)**
1 = Remember	A = Occupational Therapy Expertise
2 = Understand	B = Communication and Collaboration
3 = Apply	C = Culture, Equity and Justice
4 = Analyze	D = Excellence in Practice
5 = Evaluate	E = Professional Responsibility
6 = Create	F = Engagement with the Profession

The MSc(OT) Program incorporates a wide breadth of knowledge in the occupational, social, behavioural, health and investigative sciences. Table 2.3 provides the courses which primarily address these content areas. It should be noted that while located in a primary category, great effort is made to integrate content across courses and the curriculum.

Table 2.3: Integration of Knowledge in Occupational, Social, Behavioural, Health & Investigative Sciences

Knowledge Areas	Dalhousie MSc(OT) Courses (with hyperlinks to academic calendar)
Occupational Sciences	OCCU 5000.03: Theories of Occupation, Enabling and Justice (3 cr hr) OCCU 5011.05: Enabling Occupation 1: Mental Health (5 cr hr) OCCU 5015.05: Enabling Occupation 2: Musculoskeletal Therapeutics (5 cr hr) OCCU 6001.05: Enabling Occupation 3: Neurotherapeutics (5 cr hr)
Social Sciences	OCCU 5006.03: Wellness and Inclusion by Design and Technology (3 cr hr) OCCU 6002.03: Social Influences on Occupational Performance (3 cr hr) & Enabling Occupation Courses (OCCU 5011.05, 5015.05, 6001.05)
Behavioural Sciences	OCCU 5003.03: Dimensions of Professional Practice (3 cr hr) OCCU 5112.03: Fieldwork I: (3 cr hr) OCCU 5222.06: Fieldwork II: (6 cr hr) OCCU 6111.06: Fieldwork III (6 cr hr) OCCU 6222.06: Fieldwork IV (6 cr hr)

	OCCU 6013.04: Advanced Practice Issues (4 cr hr)
Health Sciences	OCCU 5012.04: Health Conditions, Pharmacological Management and their effect on Occupational Performance (4 cr hr) ANAT 5000.03 Clinical Anatomy (3 cr hr) OCCU 6140.06: Neuroscience for Occupational Therapy (6 cr hr)
Investigative Sciences	OCCU 5004.03: Occupational Assessment and Occupational Analysis (3 cr hr) OCCU 5017.04: Research Approaches and Evidence-Based Practice for Occupational Therapists (4 cr hr) OCCU 5043.03: Program Evaluation for Occupational Therapists (3 cr hr) OCCU 6006.03 Applied Research for Occupational Therapist (3 cr hr)

3. Program Description

Program Structure

The program structure of the 22 month curriculum of the MSc(OT) program are presented in brief in Tables 3.1 and 3.2.

Table 3.1: MSc(OT) Program Structure

Program Structure	MSc(OT)
Admissions	• 4 year Bachelor's degree (minimum B average) • Anatomy and physiology pre-requisites
Fieldwork Based on the World Federation of Occupational Therapists (WFOT) and Canadian Association of Occupational Therapists (CAOT) minimum requirement of 1000 hours	**Total of 1030 fieldwork hours** • 900 hours over 3 full-time fieldwork placements (8 weeks each) • 130 hours during 1 part time fieldwork experience linked to academic work in Year 1
Academic Weeks Based on the WFOT and CAOT knowledge and competency requirements	**Total of 57 On-site Academic Weeks** • Year 1: Fall, Winter & Spring = 34 weeks • Year 2: Fall and Spring = 23 weeks
Courses (Number)	15 academic courses 4 fieldwork courses 19 courses in total
Credit Hours (Credits)	78 (13)
Total Time	22 months 2 academic years 6 semesters
Start time	September Year 1
Finish time	Course completion in June of Year 2 Graduation the following Fall
Program Goal	Educate exceptional, entry-level occupational therapists who have the innovative skills, knowledge and behaviours to engage individuals and communities in meaningful occupations.
Capacity	66 students each admission period

Table 3.2: MSc(OT) Curriculum in Brief with Hyperlinks to Academic Calendar

Year 1- 45 credit hours - 12 months September - August
Fall Term: Sept - Dec (On-Site) 18 credit hours
IPHE 5900.00: Interprofessional Health Education Portfolio (0 cr hr)
OCCU 5000.03: Theories of Occupation, Enabling and Justice (3 cr hr)
OCCU 5011.05: Enabling Occupation 1: Mental Health (5 cr hr)
OCCU 5012.04: Health Conditions, Pharmacological Management and their effect on Occupational Performance (4 cr hr)
OCCU 5003.03: Dimensions of Professional Practice (3 cr hr)
ANAT 5000.03 Clinical Anatomy (3 cr hr)
Winter Term: Jan - mid-Apr (On-Site) 18 credit hours
IPHE 5900.00: Interprofessional Health Education Portfolio (0 cr hr)
OCCU 5004.03: Occupational Assessment and Occupational Analysis (3 cr hr)
OCCU 5015.05: Enabling Occupation 2: Musculoskeletal Therapeutics (5 cr hr)
OCCU 5006.03: Wellness and Inclusion by Design and Technology (3 cr hr)
OCCU 5112.03: Fieldwork I: (3 cr hr)
OCCU 5017.04: Research Approaches and Evidence-Based Practice for Occupational Therapists (4 cr hr)
Spring Term: (flex delivery): May-August 9 credit hours
IPHE 5900.00: Interprofessional Health Education Portfolio (0 cr hr)
OCCU 5222.06: Fieldwork II: (6 cr hr)
OCCU 6002.03: Social Influences on Occupational Peformance (3 cr hr)
Year 2 - 33 credit hours - 10 months September - June
Fall Term: September-December (On-Site) 14 credit hours
IPHE 5900.00: Interprofessional Health Education Portfolio (0 cr hr)

OCCU 6001.05: Enabling Occupation 3: Neurotherapeutics (5 cr hr)
OCCU 6140.06: Neuroscience for Occupational Therapy (6 cr hr)
OCCU 6006.03 Applied Research for Occupational Therapist (3 cr hr)
Winter Term: January-April (Off-Site) 12 credit hours
IPHE 5900.00: Interprofessional Health Education Portfolio (0 cr hr)
OCCU 6111.06: Fieldwork III (6 cr hr)
OCCU 6222.06: Fieldwork IV (6 cr hr)
Spring Term: May - June (On-Site) 7 credit hours
IPHE 5900.00: Interprofessional Health Education Portfolio (0 cr hr)
OCCU 5043.03: Program Evaluation for Occupational Therapists (3 cr hr)
OCCU 6013.04: Advanced Practice Issues (4 cr hr)

Program Delivery

The MSc(OT) program integrates theory and practice through a number of different processes. In addition to developing competencies, learning objectives, and courses, the School also developed plans for student-centered implementation of the curriculum. Within this, the School developed diverse educational offerings which included, but were not limited to lectures, hands-on experiential laboratories, case-based learning, practice-based education, and distance learning. Additionally, the School developed an innovative tutor program, where expert clinicians work side-by-side with the students during laboratory classes teaching skills, knowledge and professional behaviors. Such strategies are in line with current educational best-practice, where mixed methods of teaching and discovery are recommended (e.g., case-based reasoning, problem-based learning, guided discovery learning) (Spencer & Jordan, 1999; Klodner, Hmelo & Narayanan, 1996).

In the 2019-20 Academic cycle, **minor curriculum shifts** increased credit hours to courses focused on the development and application of practice skills that were previously only 3 credits (OCCU 5111.05 Mental Health, OCCU 5015.05 Musculoskeletal, OCCU 6013.04 Advanced Professional Practice). The increased credit hours in OCCU 5011 and 5015 were purposeful in the development and incorporation of “practice consolidation sessions (PCS)” wherein students are asked to apply learning across multiple courses in simulated encounters with clients (see PCS samples for planning the OCCU 5011 PCS and actual student copy for the OCCU 5015 PCS). **Learning from mistakes, an essential part of Kolb’s and Miller’s learning theories**, and our main practice skills courses (OCCU 6011, 5015 and 6001) build lab-based activity progression from formative evaluations with feedback to summative end of term simulations. The goal is that the learning experiences throughout the term are laddered and integrated

with deliberate practice. Yet in the spirit of competency-based education, students must pass final summative OSCEs to progress in the program (see Policy on OSCEs). The extensive laboratory experiences and new PCS learning opportunities are laddered throughout the semester and across the curriculum. During the term formative OSCEs (Objective Structured Clinical Exams) are often employed and culminate in the respective course's final summative OSCEs which are designed to evaluate competencies and course learning objectives.

Occupational Therapy Skills Laboratories

The program is supported by an organized and effective Tutor Program where expert clinicians work side-by-side with students during hands-on labs, teaching skills, knowledge and professional behaviors. In this way, respectful reciprocity exploits the productive tensions between current practice and new ways of thinking and practicing, where faculty design the hands-on lab experiences and tutors connect the content and competency development of the lab to current clinical contexts.

The clinical tutors work with students in the skills labs to practice specific skills or further develop understanding of concepts introduced in the classroom. Students learn by experiencing a concept and reflecting on it through the experiential learning cycle. Some learning activities and examinations incorporate the use of simulated clients.

All tutors are educated on the facilitation of critical reflection so that students examine their own biases, alternative approaches to the same issues, diverse perspectives of stakeholders, and structural supports and limits that influence practice. Students also apply their academic learning immediately, in addition to later applying this learning in their fieldwork experiences.

Simulated Client/Patient Experiences

The MSc(OT) program has integrated simulated client experiences into the curriculum since 2004. Clinical skills are emphasized, and simulated client experiences are used to assess a student's clinical competence, including applied knowledge, information gathering, physical examination skills, clinical reasoning, communication skills, and client-centred care.

This form of education and evaluation is directed at both the students' individual learning needs and the broader skill set needed to work with clients. Simulated client experiences allow students to explore the process of client- therapist communication and to practice other skills with a simulated client in a safe environment. Simulated cases broaden the range of clinical situations in which procedural, clinical, and communication skills can be learned.

A simulated client is an actor trained to simulate the occupational, historical, physical and emotional features of a real client's clinical issue, in a reproducible and valid manner. Occupational therapists from the community are trained examiners.

An innovative pilot study was launched to design and evaluate simulations for MSc(OT) students to optimize deep learning by practicing relevant skills and competencies. Simulations were designed to satisfy national criteria for fieldwork credit requirements for accreditation (MacKenzie et al., in press). The pilot investigated how well-designed simulations targeting key competency development may

provide an ecologically relevant opportunity for students to acquire increasingly complex practice competencies, engage in self-reflection, and receive individualised feedback.

Our curriculum incorporates a range of simulations targeted to provide a just right challenge in both the educational and professional development needs of our students (Chiniara et al, 2013). The learner-centered simulation experience is informed by several learning approaches (Kolb, Miller, Fitzpatrick). Scholars in related disciplines cite similar rationale for the inclusion of simulated learning activities in their entry-to-practice curricula (Hayden et al., 2014). The degree to which simulated encounters matches the real-world experience of clinical settings (e.g., fidelity), has been noted to be of great importance in the learning encounter (Mori, Carnahan, & Herold, 2015). Since students need to suspend their disbelief (Hamstra et al., 2014) to effectively participate in a simulation, being immersed in a realistic environment is very beneficial. The range of simulations are also designed to challenge assumptions and biases related to culture, race, sexual orientation, gender identity, and ability that are inherent in colonialism and Western world views, and promote justice and equity in occupational therapy practice. We are also engaged in interprofessional educational interactions and simulation. The value for student learning is that students who participate in interprofessional simulation show significantly higher levels of collaborative attitudes than students who participate in standard education (Ferri et al., 2018). While fieldwork, simulation and interprofessional education embody our commitment to competency-based education, transformative learning (Mezirow, 1991, 2000) and critical learning (Friere, 1993; hooks, 1994) are foundational to our approach to affective learning. Finding the degree of challenge that will prompt students to open to new learning, to question assumptions and interrogate interpretations, means also helping them (and us) embrace discomfort (Boler, 1999).

We actively consider the importance of debriefing during simulation and draw upon best practice methods such as advocacy inquiry with good judgement (Rudolph et al., 2007; 2006) and a blended approach such as the PEARLS framework with debriefing scripts (Eppich et al., 2015). Debriefing provides the opportunity for feedback is essential for enhancing performance (e.g., Tannenbaum & Cerasoli, 2013) as well as identification of gaps in knowledge, skills and behaviours (e.g., Raemer. et al., 2011). Considering the best debriefing methods (depending upon type of simulation) are considered designing the simulations, supporting students' learning, and help with training faculty in the different methods of debriefing.

We are uniquely positioned and benefit from the School's 1,250 square-foot hi-tech home simulation suite (https://youtu.be/UaKtb_dycpQ) and to be located near the Collaborative Health Education Building (CHEB). Both environments afford the opportunity to simulate and record the patient encounters within individual patient rooms and/or hospital wards. This capacity offers incredibly rich, realistic and deep learning opportunities. We benefit from access to state-of-the-art Collaborative Health Education Building (CHEB) and more specifically the Centre for Collaborative Clinical Simulation (C3LR) 3rd floor simulation space on campus.

Universal Design for Learning and Culturally Responsive Pedagogy

Our curriculum has for many years taught students about the importance of critical reflexivity as a professional commitment, and increasingly emphasized cultural safety and cultural humility with critical reflexivity. These aspects of professional practice are being taken up steadily more throughout the curriculum, in all theory and practice courses. Faculty are engaged in ongoing professional development regarding culturally responsive pedagogy. This enables some instructors and courses

(where appropriate) to move even more in the direction of teaching structural competency (Metzl & Hansen, 2014).

As a School we have worked to streamline and facilitate the processes of seeking accommodations for disability, religion, family status and other protected grounds under the NS Human Rights Act. Where we have considerable remaining work to do lies in wedding Universal Design for Learning (UDL) with the necessarily high standards and expected competencies required of a professional program. This is an area of ongoing development and collaboration at the local (Student Accessibility Centre, University Centre for Teaching and Learning), provincial and national level stakeholders (professional and regulatory) regarding competency expectations for entry to practice,

Ultimately, our goal is to employ UDL so effectively that accommodations may be minimized for most learners during academic courses and develop smooth transitions for fieldwork partners. This process for UDL adoption has improved with many faculty attending UDL workshops and implementing changes in course delivery. We still have challenges with application for UDL for some competencies and continue to seek guidance for acceptable adaptations with practice and regulatory stakeholders which still meet the entry to practice standards.

We have, in the last few years, begun serious work on UDL and CRP, as well as decolonizing the curriculum. We face a complex and inherent tension between the need for flexibility in delivery and assessment to address UDL and CRP principles, and the requirement for standardized instruction and assessment to satisfy the competency requirements of a licensed profession.

Interprofessional, Collaborative Learning

The School has a well-developed interprofessional education curriculum (MacKenzie & Merritt, 2013) and draws upon both mandatory embedded experiences and optional mini-course offerings. The MSc(OT) interprofessional learning experiences occur across the two year curriculum, including fieldwork courses. IPHE 5900 is a mandatory course for all students within the Faculty of Health professions, but each program is responsible to develop their own outline and manage the requirements. To meet the requirements for the IPHE 5900 course (and receive their IPE Certificate of Completion), students must complete a minimum of four interprofessional learning experiences, which include interactions with a total of at least four different professions. Our IPHE 5900 course outline uses learning objectives adapted from the Canadian Interprofessional Health Collaborative Consortium Competency Framework (CIHC, 2010). There is a dedicated and mandated time for IPE, which not only affords the ability for ease of finding a common time, it also creates an ability to find space to hold events.

The School's interprofessional learning experiences that occur throughout the curriculum have been staged in a developmental manner, starting with reaction and exposure to other professions and interprofessional practice through to behavioural change to support enacting effective interprofessional practice. Our embedded curriculum has 5 MSc(OT) courses (OCCU 5000, 5015, 5006, 6001,& 6140) throughout the program with 'place-holder' generic IPE objective which articulates with the IPHE 5900 course. The interprofessional experience is developed with the interprofessional course objectives from IPHE 5900 in conjunction with the respective OCCU course objectives to design and evaluate each IPHE embedded encounter (see IPHE Competencies Class of 2020 Tracking). Faculty are encouraged

to record the respective OCCU and IPHE objectives for each IPHE on the IPHE 5900 Assignment template and submit to the IPHE Coordinator for tracking purposes. There are known interprofessional fieldwork placements with students, but students are also able to submit their fieldwork experience for review by the fieldwork coordinator to ensure it meets the criteria for our IPHE 5900 course (i.e., it meets the interprofessional criteria and the experience is evaluated).

Collaborative learning opportunities are emerging in fieldwork sites as well. The Faculty of Health is exploring collaborative fieldwork opportunities when students from the Schools/College can work more closely together in the same site.

Fieldwork Hours, Types and Locations

Fieldwork education is the guided application of knowledge, skills, and attitudes in real-life situations. Fieldwork education provides students with the concrete opportunities to apply theories, concepts, lab skills, and personal reflective learning to real practice situations in a variety of fieldwork settings. As part of the standard curriculum, approximately 1030 hours of fieldwork are typically included.

To prepare for fieldwork experiences, students receive academic education within or near Dalhousie's campus with students largely on-site. The on-site academic component engages students in theoretical and reflective learning, based on case examples, problem situations, and assignments which may draw on library, community or other research. This learning is often applied in structured laboratory situations before students are asked to apply new skills and understanding in the field. For a breakdown of fieldwork courses, hours and locations see Table 3.3.

Fieldwork education forms an integral and essential component of professional learning and occurs throughout the Atlantic Provinces and beyond. Preceptors are essential and valued participants, and enact a teaching and coaching role to provide student occupational therapists with feedback and guidance throughout their fieldwork experiences. Fieldwork learning activities and learning objectives follow an experiential and reflective learning cycle with expectations that students reflect on fieldwork experiences through writing and discussion with their preceptors, then refer to academic and fieldwork resources to develop their knowledge and refine their enabling approaches based on this learning. The School organizes fieldwork education through the School's Fieldwork Education Coordinator and the Provincial Fieldwork Education Coordinators, one in each Atlantic Province.

Table 3.3: Fieldwork Hours, Types and Locations

Fieldwork Course	Hours	Notes on fieldwork types and locations
OCCU 5112.03 Fieldwork I	130	Year 1, January – April, Part time in Halifax Regional Municipality (HRM) sites.
OCCU 5222.06 Fieldwork II	300	Year 1, May – June, Full time in Atlantic Canada sites
OCCU 6111.06 Fieldwork III	300	Year 2, January – February, Full time in Atlantic, Canadian or international sites
OCCU 6222.06 Fieldwork IV	300	Year 2, March – April, Full time in Atlantic, Canadian or international sites
Total Fieldwork Hours	**1030**	

Fieldwork Education Competency Development

In the interactive, electronic curriculum map it is apparent that the fieldwork courses are nestled within the curriculum. The first full-time fieldwork course, OCCU 5222, serves as a pivotal course in evaluating clinical skills (prior to advanced coures), while OCCU 6111 and OCCU 6222 are practical skills capstone courses with progressing expectations. Table 3.4 illustrates competency development through the four fieldwork education courses.

Table 3.4: MSc(OT) School of Occupational Therapy Professional Competency Development through Four Levels of Fieldwork Education

Courses/Level			
OCCU 5112 3 credit hrs.	OCCU 5222 6 credit hrs	OCCU 6111 6 credit hrs	OCCU 6222 6 credit hrs
Level I: Knowledge Application	Level II: Transition	Level II/III: Transition - Consolidation	Level III: Consolidation
Student Learning			
Observe, apply, analyze and reflect on professional skills and competencies introduced in the academic setting. Focus on initial stages of process of practice. Apply enabling principles. Gain first-hand experience of clients' occupations. Analyze, select, adapt & grade occupations & environments. Take active role with clients. Take responsibility for learning.	Implement all components of client centred practice. Continue to develop general professional competencies. Articulate previous learning. Reflect on past experience. Integrate and apply enabling processes. Begin to make meaningful contribution to team. Integrate medical knowledge (anatomy & physiology) to analyze client occupations.	Student learning objectives and coaching needs vary depending on previous fieldwork experience and learning opportunities at fieldwork sites. Repeat previous learning activities at a higher level of integration and independence Make meaningful contribution to team.	Consolidate and refine core competencies. Reflect in practice. Seek new challenges. Show consistency in making sound professional decisions and judgments. Integrate enabling processes & address occupational justice issues with individual, group & community clients independently. Show readiness for entry to practice by end of placement. Combine practice with professional development. [9, 10]
Preceptor Coaching and Supervision			
Plan client sessions collaboratively with students. Preceptor makes professional decisions. Coach by demonstrating, instructing, observing, and direct concrete feedback. Provide planned regular coaching sessions.	Ask students to articulate their own ideas and insights, propose course of action, and justify approaches to practice. Indicate additional approaches to practice. Encourage self-reflection. Intercede in challenging situations. Problem solve collaboratively with student. Provide regular coaching sessions.	Combine strategies for Level II (transition) and Level III (consolidation) Provide periodic or occasional coaching by end of placement.	Allow students to work independently. Encourage students to be self-directed and take initiative. Provide unique learning experiences. Pose questions that require students to integrate, explain, analyze, synthesize and evaluate. Relinquish control. Provide coaching as necessary.

Fieldwork Education Coaching/Supervision Models

With all four models of fieldwork education/coaching and evaluation used by the School, 100% of fieldwork hours are supervised by an occupational therapist (Figure 3.1).

The Traditional Model of one occupational therapy preceptor with one student is the most typical, particularly in hospital and other traditional fieldwork education sites.

The Shared Preceptor Model of one occupational therapy preceptor supervising two students is used when two students are working in the same service and the preceptor is willing to work with the two students as a team. Sometimes this model enables two students to learn in the same fieldwork education site, even in a small community or service where there is only a single occupational therapist.

The Shared Student Model works well when two part-time occupational therapy preceptors agree to work with a student, or when a student wants experience in more than one area of the same service.

The Mixed Fieldwork Model is used in settings where there is no occupational therapist. An off-site occupational therapist supervisor is linked with an on-site non-occupational therapy coordinator who provides the day-to-day administrative supervision of one or more students. The pairing of students enables students to engage in peer learning and support.

Fieldwork Education Team

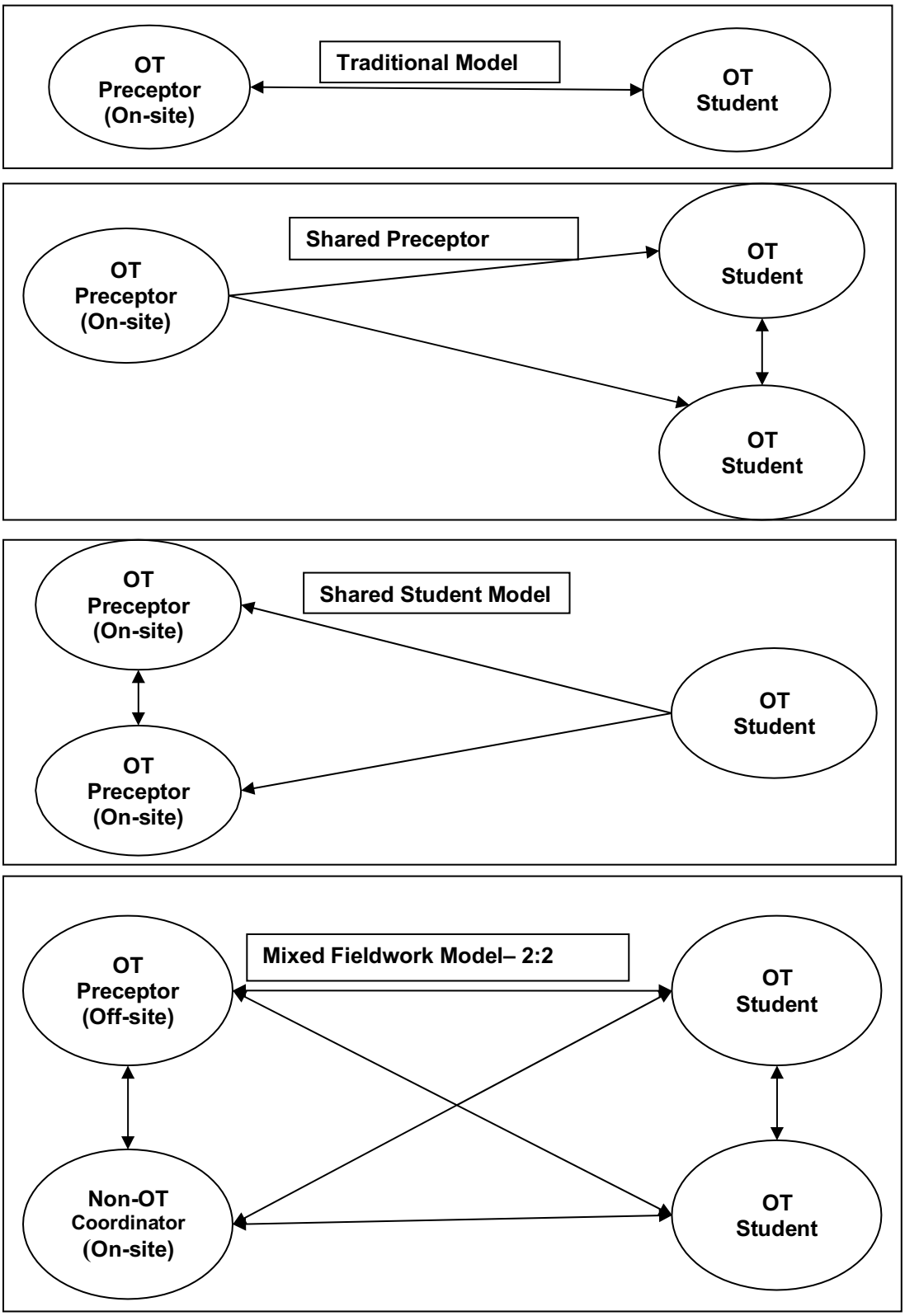
To manage and support the Fieldwork Education components of the curriculum, the School has a team approach under the leadership of our Fieldwork Education Coordinator. The Dalhousie team is supported by three provincially based coordinators in New Brunswick, Newfoundland/Labrador and Prince Edward Island. Because Dalhousie is a Regional School, these coordinators are employed by their provincial governments to support the fieldwork of Dalhousie students.

Team members provide leadership based on their expertise and resources while engaging in continual dialogue and exchange of knowledge between occupational therapists in the Atlantic Provinces and the School. The fieldwork education coordinators from Newfoundland & Labrador, Nova Scotia and Prince Edward Island and the Allied Health Professional Resource Advisor from New Brunswick support and advise the Dalhousie fieldwork team in developing, implementing and evaluating the fieldwork education program and policy, providing input to curriculum planning, introducing information technology and other distance education methods for preceptors and students, etc.

The School’s Fieldwork Education Coordinator has overall responsibility for team leadership and collaboration, integrating academic and fieldwork education, arranging student matches for fieldwork, orienting students to fieldwork education, and communicating with fieldwork sites on behalf of the School.

Provincial Fieldwork Education Coordinators in Newfoundland and Labrador and Prince Edward Island are occupational therapists. They are responsible for developing and supporting fieldwork education in their respective provinces. Activities include but are not limited to: development of fieldwork sites; recruitment of fieldwork offers; preceptor orientation, education and support; student orientation to fieldwork in their province; and student monitoring and support during fieldwork education.

Figure 3: Fieldwork Education Coaching and Supervision Models



The Allied Health Professional Resource Advisor in New Brunswick is employed with the Department of Health and Wellness to support fieldwork education and act as a liaison with professional education programs for a number of professions including occupational therapy. An assistant communicates directly with fieldwork sites. The School Fieldwork Education Coordinator provides orientation (by teleconference) to preceptors and monitors fieldwork in New Brunswick.

The International Fieldwork Education Coordinator has developed formalized fieldwork agreements with universities/facilities in six countries. Since 2015, the International Fieldwork Education Coordinator has negotiated new or renegotiated existing fieldwork agreements with universities/facilities in 9 countries (Netherlands, India, Namibia, Australia, England, Scotland, Caymans, Uganda & Tanzania). We currently have 6 active agreements, two of which are in the process of being renewed in 2021. Since 2015, thirty-five (35) Dalhousie students have engaged in international fieldwork placements and eight (8) incoming students from international universities (e.g., Netherlands, Scotland and the UK) have completed fieldwork or research placements in Atlantic Canada as part of exchange agreements between university programs.

International Fieldwork Program

Dalhousie University has enabled students to study abroad since 2000. In 2010, international fieldwork agreement processes were reviewed and revised to more closely reflect the School's commitment to global health and sustainable involvement with international fieldwork partners. Since then, the School's International Fieldwork Guidelines have served to provide transparent partnering and application processes. The School of Occupational Therapy offers two types of placements: 1) Exchange Agreement Placements with other universities where there is a formal agreement between universities (e.g. Glasgow Caledonia University, Northampton University, HANS University of Applied Sciences, Charles Sturt University) to exchange students for fieldwork placements, and 2) Global Health Placements which involve a signed agreement between the School of Occupational Therapy or the Faculty of Health and an international rehabilitation or hospital site (with no exchange of OT students) (e.g., Amar Seva Sangam in India and Windhoek Central Hospital in Namibia).

During exchange agreement placements, international OT students from the partner university are placed at a fieldwork site in Atlantic Canada. Because of insurance issues which required legal review, all exchange agreements were on hold between 2011 and 2015; however, with the support of Dalhousie's International Centre and the Office of International Relations such exchange agreements began again in 2015. Interestingly, a number of our incoming "international" exchange students were actually Canadian students who were studying OT abroad and wanted a Canadian fieldwork experience. With the support of our Provincial Fieldwork Coordinators, in particular Patti Moores in Newfoundland, a number of these students have been able to be placed in their home communities.

Regarding Global Health Placements, the Fieldwork Education Coordinator has also worked in collaboration with the Regional Fieldwork Coordinator and other fieldwork coordinators across Canada to share fieldwork resources and learnings and to support sustainable fieldwork partnerships, such as with Amar Seva Sangam (ASSA), a rehabilitation center in Southern India. Linkages between students from different Canadian universities are made to support sharing of experiences and peer learning, thus foster sustainability (Storr et al, 2018). In 2019, Dalhousie's International Fieldwork Education Coordinator was also able to visit ASSA to provide support and training to local preceptors.

For all international fieldwork placements, there is a thorough application process and the International Fieldwork Coordinator works closely with the Regional Fieldwork Coordinator to ensure the matching of students to appropriate learning experiences. Students are typically matched in pairs to promote safety and peer learning. International preceptors are provided information about fieldwork expectations and receive regular fieldwork communications from the School. In 2016, the School developed their International Fieldwork Emergency Guidelines to assist with operationalizing the Universities Emergency Concerns & Response Protocol Involving Study/Work Abroad Students (2015). In 2019, Dalhousie University updated its International Travel Policy, which guided communication and decision-making in March 2020 when 8 OT students who were on international fieldwork were required to return home because of travel restrictions during the global pandemic. The School worked closely with the Faculty/Dean and the International Center to provide students with guidance and support during a very stressful time as they returned home. Dalhousie University's international learning experience have been suspended since March 2020.

Appendix A

Table: MSc(OT) Individual Course Objective Mapping Across Competencies & Bloom's Taxonomy

Global Competency	Term	Course #	Course Learning Objectives	Profile		CORECOM		Blooms
				Primary Role	Secondary Roles	Primary	Secondary	
Advance the profession	2	5017	Analyze issues of ethics, credibility, and power in research	P		E		4
Advance the profession	2	5112	Identify ethical issues encountered in practice	PM	P,	E		2
Advance the profession	2	5112	Apply principles of professional conduct on in teractions with community members and colleagues	P	C,	D	B	3
Advance the profession	2	5112	Practice principles of collaborative peer coaching/learning with other students	P	C,	B	F	3
Advance the profession	3	5222	Apply & analyze principles of professional conduct in practice	P	PB,	E	D	3
Advance the profession	4	6006	Describe how the project fits within the scope of broader scholarly inquiry.	SP	C,	D		2
Advance the profession	4	6006	Articulate the occupational relevance of the project, and implications for therapeutic practice.	EO	COM,SP	A		3
Advance the profession	4	6006	Disseminate the outcome of the scholarly inquiry in an appropriate format to a relevant audience.	COM	CA,SP	D		4
Advance the profession	5	6111	Employ & analyze principles of professional behaviour.	P	SP,	D	E	4
Advance the profession	5	6111	Adhere to ethical and legal practice standards.	P	SP,	E	D	4
Advance the profession	5	6111	Uphold the core values of occupational therapy	P	SP,	F	A	4
Advance the profession	5	6111	Collaborate with others.	C	COM,	B	F	4
Advance the profession	5	6222	Employ and analyze principles of professional behaviour.	P	SP,	E		5
Advance the profession	5	6222	Demonstrate respect.	P	SP,	C		5
Advance the profession	5	6222	Adhere to ethical and legal practice standards.	P	SP, SP	E		5
Advance the profession	5	6222	Uphold the core values of occupational therapy.	P	C, SP	F	A	5
Advance the profession	5	6222	Contribute to inter-professional teams	C	P, SP	F	B	5
Advance the profession	5	6222	Introduce new knowledge from research and review of evidence.	SP	EO,	D	A	4
Advance the profession	5	6222	Follow through on professional commitments.	P	PM,	F		5
Advance the profession	5	6222	Identify areas for future learning.	P	PM, SP	D	E	5
Advance the Profession	6	5043	Critically appraise and select key processes and methods in program evaluation suitable for the range of occupational therapy practice areas	EO	CA,	D	F	5
Advance the Profession	6	5043	Design an evaluability assessment (evidence-based program plan).	EO	CA,	D	F	6
Advance the Profession	6	5043	Develop an evaluation framework, terms of reference and action plan for an occupational therapy program design and evaluation project.	EO	CA,	D	F	6
Advance the Profession	6	5043	Analyze and critique key issues and challenges in program evaluation facing occupational therapists.	EO	CA,	F	D	5
Advance the Profession	6	5043	Understand needs assessment for use in occupational therapy program planning.	EO	CA,	F	D	6
Advance the profession	All	IPHE 5900	Understand the importance for engaging the client/family/community as a meaningful partner through all aspects of client centered care.(enable occupational change/maintenance	C	EO	A	C	5

Advance the profession	All	IPHE 5900	Understand their own professional role and others' roles, and effectively use this knowledge to establish and enhance client centered care outcomes. (enable occupational change)	P	EO	B	A	5

Global Competency	Term	Course #	Course Learning Objectives	Profile		CORECOM		Blooms
				Primary Role	Secondary Roles	Primary	Secondary	
Assess & Analyze	1	5011	Identify the person and environmental factors that may contribute to the occupational performance of a client experiencing mental health problems. Recognize and classify tasks, activities and occupations relative to the client's needs. Recognize and classify information related to occupational performance. Document observed behaviours from an individual or group encounter	EO	P,COM	A	E	4
Assess & Analyze	1	5011	Demonstrate ethical and legal occupational therapy practices in mental health care. Informed consent, confidentiality, health information management.	EO	P,COM	E		3
Assess & Analyze	1	5011	Predict & estimate discontinuation of therapeutic intervention	EO	PM,	C		4
Assess & Analyze	1	5012	Interpret the interrelationship of health conditions, body structures and functions, activities and participation, and contextual factors (person and environment)	SP	EO,C	C	A	3
Assess & Analyze	1	5012	Understand the impact of medication(s) and compliance upon occupational performance	SP	EO,	C	A	3
Assess & Analyze	2	5004	Apply appropriate evaluation methods and instruments to answer questions about occupational performance, occupational needs and concerns, communities and systems.	EO	SP,COM	A	E	6
Assess & Analyze	2	5004	Critically analyze evaluation methods and instruments to assess occupational performance, occupational needs and concerns, communities and systems.	EO	SP,COM	A	C	5
Assess & Analyze	2	5004	Document the results of assessments	EO	SP,COM	B	E	6
Assess & Analyze	2	5004	Perform occupational assessment that consists of observation, interview and documentation.	EO	SP,COM	A	B	4
Assess & Analyze	2	5004	Assess the person, environment and occupation to analyze and document occupational fit.	EO	SP,COM	A	C	5
Assess & Analyze	2	5006	Critically appraise selected assistive technology to enhance performance in occupation	EO	CA,COM	A		5
Assess & Analyze	2	5006	Identify the environmental factors that may contribute to the occupational performance of a client experiencing biom echanical and/or psychosocial challenges.	EO	CA,COM	A		2
Assess & Analyze	2	5015	Effectively document occupational therapy intervention process and outcome(s).	COM	EO,SP	B	A	3
Assess & Analyze	2	5015	Identify the client and environmental factors that may contribute to the occupational performance of a client experiencing biomechanical and/or associated mental health challenges	EO	COM,SP	A	E	4
Assess & Analyze	2	5015	Critically appraise selected assistive technology to enhance occupational performance and engagement.	EO	COM,SP	A	E	5
Assess & Analyze	3	6002	Analyze the ways the social location of therapists and clients may influence interactions and therapeutic processes	P	CA,	D	C	4
Assess & Analyze	3	6002	Demonstrate introductory skills in taking client social location into account appropriately	EO	CA,	D	A	3
Assess & Analyze	3	5222	Select, conduct & analyze occupational assessments (including interviews) using various evaluation methods & instruments	SP	EO ,	A		3
Assess & Analyze	3	5222	Demonstrate knowledge & skills in activity analysis & occupational analysis	SP	EO ,	A		3
Assess & Analyze	4	6006	Apply critical appraisal skills to a chosen topic.	SP	CA,	D	E	3
Assess & Analyze	4	6006	Analyze a body of research evidence to explore or answer a question of relevance to occupational therapy or science.	SP	CA,	A	D	4
Assess & Analyze	4	6001	Distinguish the personal and environmental factors contributing to the overall occupational performance, wellness and participation of clients experiencing neurological challenges throughout the lifespan.	EO	CA,COM	A	C	4
Assess & Analyze	4	6140	Recognize, discuss and apply the neuroscience foundation knowledge related to the occupational therapy and physiotherapy practice concepts utilized with individuals experiencing neurological challenges.	C	EO,	A	D	3
Assess & Analyze	4	6140	Demonstrate effective communication and team dynamics necessary for effective interprofessional collaborative practice	C	EO,	A	F	3

Assess & Analyze	5	6111	Design, conduct & analyze occupational assessment plans and occupational analysis with individuals across the lifespan.	E0	SP,	A	D	4
Assess & Analyze	5	6222	Conduct, modify and appraise occupational assessment plans and occupational analysis with individuals across the lifespan.	SP	EO,	A	D	6

Global Competency	Term	Course #	Course Learning Objectives	Profile		CORECOM		Blooms
				Primary Role	Secondary Roles	Primary	Secondary	
Enable Occupational Change &/or Maintenance	1	5003	Conduct client-centred interviews to establish a therapeutic relationship.	COM	EO,P	A	B	3
Enable Occupational Change &/or Maintenance	1	5003	Demonstrate professional communication skills (written and verbal). This includes professional communication with clients, team members and others.	COM	C ,EO	B	A	3
Enable Occupational Change &/or Maintenance	1	5003	Understand professional reasoning.	EO	SC,P	A	E	2
Enabling Occupational Change &/or Maintenance	1	5011	Apply occupational therapy practice frameworks and models to guide occupational therapy practice with clients experiencing mental health problems and their families.	EO	PM,	A		3
Enabling Occupational Change &/or Maintenance	1	5011	Apply the appropriate psychosocial frame of reference to establish targeted outcomes and therapeutic intervention plans for individuals with mental health problems and their families.	EO	PM,	A	C	3
Enabling Occupational Change &/or Maintenance	1	5011	Describe & apply types of intervention approach based upon theory and evidence	EO	PM,	A	B	3
Enabling Occupational Change &/or Maintenance	1	5011	Recognize & differentiate between remediation and compensation intervention approaches	EO	PM,	B		2
Enabling Occupational Change &/or Maintenance	1	5011	Select tasks, activities and occupations based upon the therapeutic potential for individuals, families, groups and/or populations.	EO	PM,	A	C	3
Enabling Occupational Change &/or Maintenance	1	5011	Demonstrate the professional reasoning skills required to select relevant interventions	EO	PM,	A	C	3
Enabling Occupational Change &/or Maintenance	1	5011	Demonstrate selected mental health practice skill competencies	EO	PM,	A		3
Enable Occupational Change and/or Maintenance	2	5015	Apply assistive technology to facilitate the participation, occupational performance, and occupational engagement of clients who have musculoskeletal impairments.	EO	CA,SP	A	D	4
Enable Occupational Change and/or Maintenance	2	5015	Demonstrate skill and professional reasoning in selecting, adapting and grading occupations and/or environments to enable occupational performance and engagement.	EO	CA,SP	A	D	4
Enable Occupational Change and/or Maintenance	2	5015	Apply appropriate occupational therapy theories to guide practice with clients experiencing occupational performance issues due to biomechanical challenges.	EO	CA,SP	A	D	4
Enable Occupational Change and/or Maintenance	2	5015	Apply appropriate biomechanical, rehabilitative, and/or ps ychosocial frames of reference to establish targeted outco mes and therapeutic intervention plans.	EO	CA,SP	A	D	4
Enable Occupational Change and/or Maintenance	2	5015	Demonstrate professional reasoning skills to develop client-centered and evidence based interventions with clients who have musculoskeletal impairments and associated mental health challenges.	EO	CA,SP	A	E	4
Enable Occupational Change and/or Maintenance	2	5015	Apply compensation and/or remediation strategies to enh ance or optimize occupational performance and engagement.	EO	CA,SP	A	E	4

Enable Occupational Change and/or Maintenance	2	5015	Defend the use of compensation and/or remediation strategies to enhance or optimize occupational performance and engagement.	EO	SP,CA	A	E	4
Enable Occupational Change and/or Maintenance	2	5015	Demonstrate selected biomechanical and mental health practice skills	EO	SP,CA	A	E	4
Enable Occupational Change &/or Maintenance	2	5112	Understand & recognize how people experience challenges to occupational performance	EO	CA,P	A	C	2
Enable Occupational Change &/or Maintenance	2	5112	Interpret & demonstrate selection, adaption and/or gradat ion of occupations and/or environments to enable occupa tional performance and meet occupational goals	EO	CA,P	A	D	3
Enable Occupational Change &/or Maintenance	2	5112	Understand & recognize how people experience challenges to occupational performance	EO	CA,P	A	C	3
Enabling Occupational Change &/or Maintenance	2	5006	Apply assistive technology, environmental design principl es and community approaches to facilitate inclusion, participation and engagement in occupation	EO	CA,C	A	C	3
Enabling Occupational Change &/or Maintenance	2	5006	Apply strategies for actively involving family/caregivers/other supports in approaches to facilitate inclusion, participation and engagement in occupation	COM	EO,CA	B	A	3
Enable Occupational Change &/or Maintenance	3	5222	Apply & analyze alternative enabling approaches within a practice process	CA	SP, EO	A		3
Enable Occupational Change &/or Maintenance	3	5222	Apply & analyze professional reasoning skills in a variety of practice situations	CA	SP, COM	A		3
Enable Occupational Change &/or Maintenance	4	6001	Formulate comprehensive therapeutic intervention plans Sensitive to lifespan occupation based issues using a process of practice.	EO	MP,CA	A	C	5
Enable Occupational Change &/or Maintenance	4	6001	Demonstrate the clinical reasoning skills to select, design and/or modify meaningful, relevant tasks, therapeutic activities and occupations	EO	CA,	A	D	5
Enable Occupational Change &/or Maintenance	4	6001	Defend the formulation of therapeutic intervention plans that integrate the clients' needs/desires and the be stavailable level of evidence.	EO	COM,SP	A	D	5
Enable Occupational Change &/or Maintenance	4	6001	Demonstrate the ability to complete the following practice skills: structured and semi-structured interviews; conduct and interpret component and occupation level assessments; plan and lead an individual intervention session; engage family members as partners in a process of practice; documentation skills; identify personal assumptions that may affect the client-therapist relationship and occupational performance; and work collaboratively with other healthcare professions during simulated client encounters.	EO	C,PM	A	D	5
Enabling occupational change &/or maintenance	5	6111	Formulate comprehensive intervention plans.	EO	CA,	A	C	4
Enabling occupational change &/or maintenance	5	6111	Adapt occupations and/or environments.	EO	CA,	A	C	4
Enabling occupational change &/or maintenance	5	6111	Implement and justify intervention plans.	EO	CA,	A	B	4
Enabling occupational change &/or maintenance	5	6111	Demonstrate knowledge and/or skill to implement the full process of practice.	EO	CA,	A	C	4
Enabling occupational change &/or maintenance	5	6111	Apply enabling principles.	EO		A	C	4
Enabling occupational change &/or maintenance	5	6111	Apply, describe and analyze professional reasoning.	EO	SP,	A	D	4

Enabling occupational change &/or maintenance	5	6111	Explain client interventions, progress and outcomes to others.	COM	C,	A	B	4
Enabling occupational change &/or maintenance	5	6111	Practice in a safe manner.	P	EO,	E	C	4
Enabling occupational change &/or maintenance	5	6222	Formulate and evaluate comprehensive intervention plans.	EO	CA,	A	C	6
Enabling occupational change &/or maintenance	5	6222	Adapt occupations and/or environments.	EO	CA,	A	C	6
Enabling occupational change &/or maintenance	5	6222	Implement and justify intervention plans.	EO	CA,	A	B	5
Enabling occupational change &/or maintenance	5	6222	Demonstrate knowledge and/or skill to implement and justify the full process of practice.	EO	CA,	A	C	5
Enabling occupational change &/or maintenance	5	6222	Apply and analyze enabling principles.	EO		A	C	5
Enabling occupational change &/or maintenance	5	6222	Apply, describe and analyze professional reasoning.	EO	SP ,	A	D	5
Enabling occupational change &/or maintenance	5	6222	Explain client interventions, progress and outcomes to others.	COM	C,	A	B	5
Enabling occupational change &/or maintenance	5	6222	Practice in a safe manner.	P	EO,	E	C	5
Enabling Occupational Change &/or Maintenance	6	6013	Analyze, critique, integrate best-available evidence concerning occupation and occupational performance into their occupational therapy practice.	SC	EO,	A	D	4
Enabling Occupational Change &/or Maintenance	6	6013	Apply an ethical framework to their experiences of practicing of occupational therapy	P	EO,	D	C	3
Enabling Occupational Change &/or Maintenance	6	6013	Synthesize and incorporate knowledge of health law and health systems in occupational therapy practice.	P	PM,	E	F	6
Enabling Occupational Change &/or Maintenance	6	6013	Demonstrate the skills to engage in self-reflective practice.	P	C ,	D		3
Enabling Occupational Change &/or Maintenance	6	6013	Demonstrate ethical leadership qualities in regard to advocating for the profession and for their clients.	P	CA	F	B	3

Global Competency	Term	Course #	Course Learning Objectives	Profile		CORECOM		Blooms
				PrimaryRole	SecondaryRoles	primary	secondary	
Manage practice	2	5017	Identify ways to incorporate and counter potential barriers to using research and evidence findings in daily practice	CA	SP,PM	F		4
Manage Practice	2	5112	Identify and discuss how funding & policy factors influence occupational therapy practice	COM	P,C	A	E	2
Manage Practice	2	5112	Practice skills for giving and receiving feedback with peers and community members	COM	P,C	B		3
Manage Practice	2	5112	Practice self-evaluation	COM	P,C	D		3
Manage Practice	3	5222	Demonstrate understanding of policy & funding influences in practice	PB		E	A	3
Manage Practice	3	5222	Practice skills of giving and receiving feedback with preceptor	PB	C, COM	B		3

Manage Practice	3	5222	Practice self-evaluation	PB		D		2
Manage Practice	4	6001	Construct a client-centered implementation plan (from referral through service termination) which reflects how to best manage a complex client caseload experiencing occupational performance issues due to neurological & cognitive challenges	EO	PM,C	A	D	4
Manage practice	5	6111	Implement a caseload plan as assigned by preceptor.	P	COM,	A	E	4
Manage practice	5	6111	Apply policies and procedures.	P	SP,	E		4
Manage practice	5	6111	Demonstrate skills of giving and receiving feedback with preceptor.	COM	P,	B	E	4
Manage practice	5	6111	Engage in self-evaluation.	P	PM,	D		4
Manage practice	5	6222	Implement a caseload plan in discussion with preceptor.	P	COM, PM	A	E	5
Manage practice	5	6222	Apply understanding of policies and procedures.	P	COM, PM	E		5
Manage practice	5	6222	Demonstrate skills of giving and receiving feedback with preceptor, team members, families, etc.	COM	P, PM	B	E	5
Manage practice	5	6222	Engage in self-evaluation in verbal and written formats.	P	PM, PM	E		5
Manage practice	All	IPHE 5900	Demonstrate effective communication with students from other professions and with client/family members in a respectful, collaborative manner. (enable occupational change, manage practice)	COM	C,EO	B	F	5
Manage practice	All	IPHE 5900	Understand and value the process of effective team dynamics necessary for effective interprofessional collaborative practice. (manage practice)	C	PM,	A		4
Manage practice	All	IPHE 5900	Understand and articulate leadership principles that support a collaborative practice model. (manage practice)	C	COM,PM	F	B	5
Manage practice	All	IPHE 5900	Appreciate the potential for interprofessional conflict and actively engage themselves and others with conflict resolution strategies to enhance client-centered care outcomes. (manage practice)	C	COM,EO	B	F	4

Global Competency	Term	Course #	Course Learning Objectives	Profile		CORECOM		Blooms
				Primary Role	Secondary Roles	primary	secondary	
Use and generate research	2	5017	Describe strengths and weaknesses of diverse research paradigms	SP		A		2
Use and generate research	2	5017	Construct a researchable question in occupational therapy or occupational science	SP		A	B	6
Use and Generate research	2	5017	Critically evaluate the relationship of research questions, study designs, data sources and analysis	SP		A		5
Use and Generate research	2	5017	Appraise the veracity of research and evidence findings and their potential to influence clinical practice	SP	PM,	A		5
Use and Generate research	2	5017	Integrate the knowledge translation process and skill in knowledge translation to a variety of a udiences	SP	PM,COM	D		6
Use and generate research	2	5017	Analyze the way social, political, economic and pr actice contexts affect research	PM		A		4
Use and generate research	4	6006	Develop and apply skills for evidence-based practice.	SP		D	A	3
Use and generate research	4	6006	Employ a systematic, critical approach to scholarly inquiry.	SP		D	A	4

Global Competency	Term	Course #	Course Learning Objectives	Profile		CORECOM		Blooms
				Primary Role	Secondary Roles	primary	secondary	
Use Related Knowledge	1	5000	Demonstrate the correct use of related knowledge within the occupational therapy process (e.g., anatomy, psychology, environmental design).	EO	CA,	A	E	3
Use Related Knowledge	1	5000	Explain determinants of health from an occupational therapy perspective.	EO	CA,	C		4
Use Related Knowledge	1	5003	Demonstrate awareness of and sensitivity to personal assumptions and biases.	P	COM,C	C		3
Use Related Knowledge	1	5003	Select and retrieve information from various occupational therapy resources.	SC	EO,	A	C	1
Use related knowledge	1	5003	Understand ethical and legal issues in occupationa l therapy practice. This includes legal aspects of (a) informed consent, (b) professional negligence, (c) health information management and confidentiality, (d) professional regulation, and (e) Canada's health care system	P	PM,	E	A	2
Use related knowledge	1	5003	Recognize the therapeutic use of self in occupational therapy practice.	P	COM,	A	B	2
Use related knowledge	1	5003	Reflect upon the relationship between the self and occupational therapy practice.	P		D		4
Use Related Knowledge	1	5012	Identify the everyday experience of living with select ed health conditions and related occupational engagement and performance issues	SP	EO,C	C	A	2
Use Related Knowledge	1	5012	Identify the classes and pharmacological principles of drugs , and discuss potential impact of drug therapies and drug interactions on clients' occupational performance	SP	EO,C	C	A	2
Use Related Knowledge	1	5012	Use effective information searching strategies to ac quire information about health conditions and Related occupational engagement and performanc e issues from a variety of evidence- based sources	SP	EO,C	C	A	3
Use Related Knowledge	1	ANAT 5000	Describe the human body and relationships between structures using anatomical terms	SP		A		3
Use Related Knowledge	1	ANAT 5000	Demonstrate the relationship between anatomical structures and functional application	SP		A		3
Use Related Knowledge	1	ANAT 5000	Apply anatomical concepts to relate the structure and function of gross human anatomy	SP		A		3
Use Related Knowledge	1	ANAT 5000	Analyze joint structure and function by comparing and contrasting the muscle compartments, bony configurations and range of movements in the trunk and the extremities	SP		A		4
Use Related Knowledge	1	ANAT 5000	Inspect and discover variances of living anatomy in the population	SP		A		3
Use Related Knowledge	1	ANAT 5000	Organize muscle groups based on their function and innervation	SP		A		4
Use Related Knowledge	2	5006	Identify and apply principles of environmental design.	EO	COM,PM	A		3
Use Related Knowledge	2	5006	Compare and contrast among the components of t he inclusive design continuum: rehabilitation, assist ive/ adaptive, and accessible/barrier free and universal design.	EO	C,PM	A	B	4
Use Related Knowledge	2	5006	Demonstrate knowledge in the assessment of the p erson-environment fit in relation to assistive technology and environmental design	EO	C,PM	A	B	3
Use Related Knowledge	2	5006	Select appropriate assistive technology to facilitate verbal and written communication and environmental control, with emphasis on computer-based control systems.	EO	C,PM	A	B	3

Use Related Knowledge	2	5006	Identify and apply appropriate motor learning Principles and environmental design principals to facilitate functional mobility in the home and community	EO	COM,PM	A	B	3
Use Related Knowledge	2	5006	Explore the function of the interprofessional team In the provision of services that involve technology and/or design interventions	C	COM,EO	B		2
Use Related Knowledge	2	5015	Apply the related theoretical knowledge that justifies construction, selection, adaptation and use of orthotic devices.	EO	SP,CA	A	E	3
Use Related Knowledge	2	5015	Demonstrate the ability to design and construct selected Orthoses	EO	SP,CA	A	E	3
Use Related Knowledge	2	5015	Demonstrate the ability to work collaboratively with other healthcare professions to develop client-centered intervention strategies and expected outcomes.	EO	P,COM	A	B	4
Use related knowledge	2	5017	Use the library and electronic resources to search for research and evidence	PM	SP,	D		3
Use related knowledge	2	5017	Critically evaluate research and evidence findings	SP		A		5
Use Related Knowledge	2	5112.03	Explain the health conditions encountered in the community	EO	P,	A	B	4
Use Related Knowledge	2	5112.03	Demonstrate knowledge of the relationship between heath conditions, environmental influences & occupational performance	EO	P,	A	C	4
Use Related Knowledge	2	5112.03	Employ therapeutic use of self in occupational therapy practice	EO	P,	A	C	4
Use Related Knowledge	2	5112.03	Appraise the relationship between self and occupational therapy practice	EO	P,	D	C	2
Use Related Knowledge	3	6002	Explain the ways current and historical sociocultural assumptions / expectations construct structural relati ons of advantage and disadvantage	EO	CA,P	A	C	2
Use Related Knowledge	3	6002	Analyze the relationships among oppression, stigma, power and privilege and occupational opportunities, engagement, participation, meaning and deprivation	CA	P,	A	C	4
Use Related Knowledge	3	6002	Critically reflect on the ways students' own social location has shaped their occupational lives	P	CA,	D	C	5
Use Related Knowledge	3	5222	Integrate knowledge of anatomy, health conditions, pathological processes & the environment to explain their influence on occupational performance	SP	COM ,	A		3
Use Related Knowledge	3	5222	Apply knowledge from various sources to discuss ho w people experience challenges to occupational performance	SP	COM ,	A		3
Use related knowledge	4	6001	Recognize, discuss and apply the neuroscience foundational knowledge related to the occupational Therapy practice concepts utilized with individuals experiencing neurological challenges.	EO	CA,COM	A	D	4
Use Related Knowledge	4	6140	Locate and describe the brain and spinal cord structure with respect to system organization.	SP	EO,	A	D	3
Use Related Knowledge	4	6140	Identify the functional implications of the brain and spinal cord system organization and anatomical pathways.	SP	EO,	A	D	3
Use Related Knowledge	4	6140	Discuss the concepts of nervous system development, neuroplasticity, motor control, sensation, consciousness, and higher cortical functions	SP	EO,	A	D	3
Use Related Knowledge	4	6140	Explain the functional neuroscience of brain systems involved with clients experiencing neurological challenges	SP	EO,	A	D	2
Use related knowledge	5	6111	Integrate knowledge of health conditions, anatomy, neuroscience, and pharmacology within occupational therapy practice.	SP	EO,	A	D	4

Use related knowledge	5	6222	Integrate knowledge of health conditions, anatomy, neuroscience, and pharmacology within occupational therapy practice.	SP	EO,	A	D	5
Use Related Knowledge	6	6013	Incorporate related knowledge, including the self and life experiences, in the occupational therapy process	P	EO,	D		4
Use Related Knowledge	6	6013	Integrate the use of appropriate theories, models, and frames of reference in their occupational therap y practice	SC	EO,	A	C	5

Appendix B

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