A Problem-Based Learning Curriculum for Occupational Therapy Education

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Key Words: education • problem identification

To prepare practitioners and researchers who are well equipped to deal with the inevitable myriad changes in health care and in society coming in the 21st century, a new focus is needed in occupational therapy education. In addition to proficiency in clinical skills and technical knowledge, occupational therapy graduates will need outcome competencies underlying the skills of critical reflection.

In this article, the author presents (a) the rationale for the need for change in occupational therapy education, (b) key concepts of clinical reasoning and critical reflection pertaining to the outcome such change in occupational therapy education should address, (c) problem-based learning as a process and educational method to prepare occupational therapists in these competencies, and (d) the experience of the Program in Occupational Therapy at Shenandoah University in Winchester, Virginia, in implementing a problem-based learning curriculum.

There are compelling reasons for change, for a new focus in occupational therapy education. These reasons are: (a) Therapists practicing in the later part of this century and into the next will need to know how to apply principles, theories, and approaches to new and everchanging functional problems encountered by persons with disabilities; (b) occupational therapists need to be able to work with persons who have disabilities within the multiple systems in which these persons live, work, and play; (c) occupational therapists will work within the context of a society undergoing rapid changes in demographics, values, technology, and organizational systems (Naisbitt, 1982; Naisbitt & Aburdene, 1990); and (d) occupational therapy has yet to fully realize its service potential to persons of all backgrounds, not just those who are diagnosed as having disabilities.

Professional education, however, has changed little to accommodate current and future challenges. West stated that "in the past, we have taught skills at the expense of content and developed our curricula in scope but not in depth" (1990, p. 9).

Several others within occupational therapy have called for change in occupational therapy education. Cohn (1991), Javert and Katz (1989), and West (1990) suggested that occupational therapy education be oriented toward development of clinical reasoning and reflection skills—toward principles rather than techniques, as well as knowledge rather than skills. What is most important is not being ready for the first year of practice, but being ready for all the years that follow (Cruckshank, 1987). I believe that an educational foundation in clinical reasoning and critical reflection prepares an occupational therapist for all the years of practice as well as for lifelong learning.

Conceptualization of Critical Reflection and Clinical Reasoning

One of the original educational theorists, Dewey, suggested that reflective thinking is a self-initiated deliberation of beliefs and knowledge (1933). In occupational therapy, critical reflection can be defined as a way of thinking about occupational therapy practice in a manner that involves the ability to make rational choices and to assume responsibility for those choices.

A related concept, clinical reasoning, has received considerable attention in the occupational therapy literature (Cohn, 1991; Fleming, 1991; Mattingly, 1991; Parham, 1987) and was defined by Barrows and Feltovich (1987) as the problem-solving process that physicians undergo in practice. I believe that the foundation of critical reasoning is, in fact, critical reflection. Ross (1989) presented a simple but clinically relevant synopsis of what constitutes the stages of critical reflection—clinical reasoning as delineated in Figure 1.

Roth (1989) further added to our understanding of
critical reflection by identifying that it is grounded in the \textit{appreciation system} based on values, knowledge, theories, and practice. The \textit{attitudes and abilities} necessary for critical reflection are introspection, open-mindedness, acceptance of responsibility, the ability to view problems from different perspectives, and the ability to use data in supporting or validating a decision. Based on the work of Roth, the \textit{process} of critical reflection—clinical reasoning is presented in Figure 2.

Figures 1 and 2 suggest beginning competencies for the reflective occupational therapy graduate. How do we educate occupational therapists in such competencies? How can we educate for the "new epistemology of practice" (Schön, 1987, p. xi), for reflection in action? What should be done to promote a focus on how students learn and not just on \textit{what} they learn (Barrows, 1985)?

**Processes**

1. Question what, why, and how one does things; ask what, why, and how others do things.
2. Emphasize inquiry as tool of learning.
3. Suspend judgment, wait for sufficient data, or self-validate.
4. Seek alternatives.
5. Keep an open mind.
6. Compare and contrast.
7. Seek the framework, theoretical basis, underlying rationale (of behaviors, methods, techniques, programs).
8. View problems from various perspectives.
9. Identify and test assumptions (theirs and others); seek conflicting evidence.
10. Put problems into different/variable contexts.
11. Ask "what if?"
12. Ask for others’ ideas and viewpoints.
13. Adapt and adjust to instability and change.
14. Function within uncertainty, complexity, and anxiety.
15. Hypothesize.
17. Validate what is given or believed.
19. Seek, identify, and resolve problems ("problem setting," "problem solving").
20. Initiate after thinking through (alternatives, consequences) or putting into context.
21. Analyze—what makes it work; in what context would it work; and in what context would it not.
22. Evaluate—what worked, what didn't, and why.
23. Use prescriptive models (behavioral model, process-driven only when adapted to the situation).
24. Make decisions in practice of the profession (knowledge created in use).

**Figure 2.** The process of reflective practice. Adapted with permission from Roth, D. A. (1989, March–April). Preparing the reflective practitioner: Transforming the apprentice through the dialectic. \textit{Journal of Teacher Education}, p. 33. Reprinted by permission. ©1989 American Association of Colleges for Teacher Education.
The Challenge: Curricular Design in Problem-Based Learning

These questions lead to general issues of curricular design (Roth, 1989; Schön, 1987) and the specific issue of how to develop an educational program that focuses on the processes of reflection and clinical reasoning. Dewey (1904) stated that thinking is regulated by its purpose. In traditionally formatted curricula, the instruction is based on the "assumption that component skills are easier to learn when they are separate from other skills in which they are usually integrated" (Iran-Negad, McKeachie, & Berlinger, 1990, p. 510). For example, in many occupational therapy curricula, anatomy is taught as a separate course from neuroscience, which is taught as a separate course from physical dysfunction, which is a separate course from psychosocial dysfunction, and so on. Additionally, content is transmitted in a teacher-centered format, that is, the lecture.

If information is segregated by content area and conveyed in lecture format, does it result in thinking accordingly limited and segregated in structure? Is the thinking regulated by the format, as Dewey suggested? Is such thinking counterproductive to clinical reasoning?

The "process of inquiry as a means of organizing the acquisition of knowledge (Roth, 1989, p. 53) embedded in the case study (Roth, 1989; Williams, 1992) may offer a better approach in education of the reflective practitioner. A common and well-researched form of case study education is problem-based learning (PBL) (Menahem & Paget, 1991).

Problem-Based Learning and Inquiry-Based Learning

A primary learning activity in PBL is small group discussions called tutorials, typically of five to seven students assigned randomly. Within these small group discussions, students are presented with clinical or research cases about which they independently think and read. After reflecting on each case, students identify the problems presented by the case and discuss options and outcomes for solving them (Moore, 1991). Typically, cases have three phases: (a) problem identification, (b) self-directed study toward problem solving, and (c) analysis of learning that has occurred and its application to practice (Barrows, 1985, p. 20). More traditional methods of instruction, such as short lectures and laboratory sessions, may be combined with the tutorials (Moore, 1991).

Barrows (1985) suggested that PBL provides the context for learning grounded in clinical reasoning because it addresses three important aspects of discipline simultaneously. Barrows also alluded to an all or none guideline, that is, an at-systematic PBL curricular approach is predicated upon the entire curriculum being problem based, not just a single course or additional seminar. PBL (a) provides grounding in the essential knowledge of a discipline, (b) focuses on the ability to use knowledge that is consistent with practice, and (c) extends knowledge and promotes scholarship through the cognitive thought processes of hypothesis generation and hypothesis testing inherent within the problem identification and problem solving of cases. PBL has been touted as the scientific method of the clinician (Coles, 1985), or the method of clinical scientists (Kaufman, 1985) because it grounds a student in the process of desirable inquiry-based learning styles (Coles, 1985), which is consistent with scholarly inquiry.

A further benefit of PBL is emphasis on active student involvement. As a "learner-centered" model, PBL enables students to assume the habit of lifelong learning (Bloom, 1989, p. 237), thus addressing the critical challenge of preparing occupational therapists for the future. Enarson and Brug (1992) stated that "the acquisition of lifelong learning skills, values, and attitudes should receive at least as much emphasis as the acquisition of knowledge, i.e., memorization of factual material" (p. 1142). Learning in the tutorial, or team, situation is a benefit to occupational therapy because such group education is similar to how most therapists will practice.

PBL has been used in educating physicians at McMaster University, Hamilton, Ontario (Neufeld, Woodward, & MacLeod, 1989); the University of New Mexico at Albuquerque (Kaufman, 1985); and Harvard University (Tosteson, 1990), and the method has been endorsed by the American Medical Association (Bloom, 1989). Within occupational therapy education, the curriculum of the University of Newcastle in New South Wales, Australia, is predicated on PBL (Jacobs & Lyons, 1992), as is the curriculum at McMaster University (Coles, 1985). The developing program in occupational therapy at University of New Mexico will also employ some degree of PBL (T. Crowe, personal communication, June 19, 1993). Each of these occupational therapy education programs is housed in institutions where the medical school has implemented PBL. Although the developing occupational therapy program at Shenandoah University in Winchester, Virginia, is implementing a PBL curriculum, it is doing so without the auspices of a major medical school. This article describes the implementation process to date of the PBL curriculum at Shenandoah University.

Problem-Based Learning at Shenandoah University

The chairperson of the developing occupational therapy program at Shenandoah University was hired in September 1992 and, as a first step in developing the program, conducted a literature search regarding excellence in education overall and occupational therapy education, in particular. The results of the literature search revealed a trend in professional education centering on PBL for the
development of critical reflection-clinical reasoning.

A business plan was developed to ascertain the feasibility of implementing the PBL approach within the institution. The essentials covered in the business plan were rationale for the program, student routes of entrance and exit, program format, use of existing resources, budget, financial considerations, and the anticipated effects on the institution. In December 1992, the administrative officers of the university approved the business plan which, among other things, advocated for a tuition increase in order to assure financial stability of the program. (This is an important consideration when implementing PBL because it is a labor intensive educational approach, which may be more costly than lecture-type educational formats.) At the same time, a study to investigate excellence in occupational therapy education was funded by the American Occupational Therapy Foundation (AOTF).

Conceptual Model Underpinning Occupational Therapy Education at Shenandoah University

A conceptual model based on action research, which underpins the educational innovation at Shenandoah University, is presented in Figure 3. Action research is a specialized form of evaluation research specifically directed to acting or effecting change in systems or organizations (Karlsen, 1991; Whyte, 1991). In this case, action is a systematic and planned change in educational approach. The research component will be a comprehensive evaluation of PBL in occupational therapy education.

Schematic Overview of the Program

Shenandoah University is implementing a 3-year Master of Science degree in occupational therapy consistent with what Rogers (1980a; 1980b) described nearly a decade ago, an academic master’s degree to which neither the words basic nor advanced apply. Qualified juniors in college or those possessing a baccalaureate can enter in year one. Occupational therapists can enter directly into year three of the curriculum. The entire 3 years of the curriculum are considered graduate level, and no baccalaureate degree is granted along the way.

Thirty-eight students were enrolled in the fall of 1995. (To date, two students have dropped out for personal reasons, and the class now has 36 students.) Starting in the fall of 1995, an additional 10 students who are practicing occupational therapists will be accepted directly into the third year of the curriculum. The program currently has three full-time faculty members and two part-time faculty members serving as additional tutors during the 1993-1994 academic year. Two additional faculty members and two additional tutors were hired during the summer of 1994. Four additional faculty members are slated to be hired in the summer of 1995. In order to be financially feasible, the PBL approach at Shenandoah University employs groups of nine students per tutorial rather than the more typical seven.

The occupational therapy program at Shenandoah University has 11 specific goals. They are:

1. to immerse therapists in self-directed learning in preparation for a lifetime of continued learning as well as self-directed practice
2. to educate therapists in professional practice, clinical reasoning, and research and not just as technicians proficient in finite skills
3. to immerse therapists in the culture of the model of applied scientific inquiry, i.e., an integrated model of practice and research
4. to educate therapists competent in delivery of family-centered care and functional outcomes
5. to educate therapists in policy analysis, lobbying, and policy implementation
6. to educate therapists to become leaders in the field of occupational therapy, rehabilitation, occupational therapy education, research, and policy
7. to develop an educational model predicated on the “real world” as the laboratory, i.e., to have occupational therapy services throughout the region provided by Shenandoah University faculty members and students as part of the educational experience.

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8. to develop a regional, national, and international reputation for excellence in occupational therapy
9. to expand the practice of occupational therapy beyond the traditional boundaries to include all persons, agencies, organizations, and programs who would benefit from the application of understanding all persons’ engagement in occupation
10. to serve as a resource for governmental, professional, and educational agencies
11. to further the discipline of occupational therapy through scholarly activities on the part of faculty members and students.

Curriculum Development and Description

The PBL curriculum was developed in the following manner. First, a schematic outline of the sequence of content blocks for students was identified. Instead of courses, as in traditional lecture-based curricula, PBL organizes course content around content blocks that run sequentially rather than simultaneously. This sequence of content blocks was critiqued by peers in a meeting at AOTF and was reevaluated and revised on the basis of their feedback.

The Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist (American Occupational Therapy Association & American Medical Association, 1991) and A National Study of the Profession of Occupational Therapy (Wesley & Bukatko, 1991) were used to identify the scope and specifics of content blocks as consistent with recommended curricular development procedures linked to outcome competencies (McNeil, 1990). Individual competencies were cut out and pasted onto file cards. A faculty member subsequently sorted these file cards, assigning them into a content block. The chairperson then sorted the same file cards, and any discrepancies were discussed and resolved. Of great interest, as well as being a form of validity check, was that all competencies from these two documents sorted into the first 2 years of the proposed curriculum. Because this is a master’s level program, it makes sense that the third year be devoted to content beyond that which is associated with entry-level practice.

Once the competencies had been sorted into content blocks, content block descriptions and objectives were written. A schematic overview of the evolving curriculum is provided in the Appendix.

Because the PBL approach is predicated on the process of what is learned involving the aforementioned appreciation system, course objectives that focus solely on knowledge and understanding are insufficient. Consequently, each content block has four dimensions of learning objectives, as presented in Table 1.

Table 1
Four Dimensions of Learning Objectives in the “New Focus” Occupational Therapy Educational Program at Shenandoah University

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Area Addressed</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>Knowledge and understanding</td>
<td>What the student needs to know in terms of content</td>
</tr>
<tr>
<td>Two</td>
<td>Interpersonal attributes and skills</td>
<td>How the student needs to act as a therapist-in-training</td>
</tr>
<tr>
<td>Three</td>
<td>Clinical skills</td>
<td>What the student needs to be able to do or execute</td>
</tr>
<tr>
<td>Four</td>
<td>Clinical reasoning</td>
<td>Ability of the student to participate in problem solving and the process of clinical reasoning</td>
</tr>
</tbody>
</table>


Table 1 is based, in part, on behavioral aspects of outcome competencies delineated by Farnsworth (1991) regarding specification of attributes and abilities that physicians should possess in addition to Dimension One, which consists of content knowledge and understanding. Dimension One is predominantly addressed in traditional occupational therapy curricula.

The research courses continue through the entire 3 years of the curriculum. It is the only content block that does not follow sequentially but spans the semester. Additionally, it does not meet in a small discussion group format, but with all students of a particular cohort group in order to promote and reinforce occupational therapy identity and promote the research culture across the entire group of students for a particular cohort year.

Similarly, year three of the curriculum, which will not be operational until a cohort of students progresses to that point, will no longer employ small discussion groups. Instead, all students will be convened in a content block and a problem-based approach will be used with the entire class at once. Use of a large group (more than 30 students) for tutorials is an innovation in PBL itself. This innovation allows for (a) occupational therapists to enter into the third year for a master’s degree, (b) integration of practicing therapists into the educational experience of student therapists who have completed years one and two of the program, and (c) financial feasibility of the program (i.e., cost of a program based on low student-faculty member ratios). This modification is based on preliminary work with large tutorial groups as reported by Barrows, Myers, Williams, and Moticka (1986).

Thomas (1992) reported on what makes effective cases for medical education, and these findings provide guidance for case development in occupational therapy at Shenandoah University. He said that cases work best when they (a) include most of the symptoms and signs of
the disease, (b) contain one or two main issues, (c) emphasize clinical reasoning, and (d) reinforce prior knowledge. These guidelines for cases will be adapted to meet the unique needs of occupational therapy education including consideration of contextual variables such as the physical and psychosocial environment, culture, and family. Additionally, Shenandoah University will employ a case approach not predicated on a single correct answer, but analysis of varied outcomes linked to various problem-solving strategies.

Sample Schedule for Students in Years One, Two, and Three

Table 2 presents the schedule for students in year one, year two, and year three of the program. A student will be in tutorial or small discussion groups from 9 a.m. to 11 a.m. for 3 mornings a week. Before the tutorial, a mini lecture is held for all students. The provisional criteria for content to be covered in a mini lecture are topics that are (a) traditionally very complex to understand, (b) too new to be in books, or (c) simply not covered in the cases, for whatever reason (M. Wetzel, personal communication, February 26, 1993). Monday and Friday afternoons are devoted to practical and laboratory-based educational experiences, which are the learning activities designed to accompany each content block. Level I fieldwork may be conducted on Tuesday or Thursday and is coordinated through the Director of Clinical Education. Wednesday afternoon is the research class. The evenings, as well as all day Tuesday and Thursday (except for when Level I fieldwork is scheduled) are devoted to study, reading, writing, and reflection. It has been a struggle to maintain so much "open time" for students. However, such time must be allotted in order to educate the reflective therapist, because reflection takes time (N. Gillette, personal communication, Winter 1993).

Year two has a similar schedule to that of year one, but tutorials are switched to afternoons for year two. This change lets students experience practical settings at different times of the day and allows for multiple uses of the same educational space.

The majority of year three content blocks are scheduled in the evening. Thus, the same educational space is operating from morning to night by year three. This is one cost-effective innovation introduced at Shenandoah University to make PBL affordable.

Student Evaluation

In a pure PBL approach, there are no grades (Barrows, 1985); students are evaluated on a pass-fail basis. The university-wide curriculum committee at Shenandoah University was unable to accept this approach; therefore, we are implementing a compromise solution: Educational activities related to knowledge and understanding (tests and papers) will be graded with a traditional system. All other content block objectives will be nongraded and evaluated on a pass-fail system. The grading system has, however, been set up in a hierarchical method. That
is, a student must receive a passing grade on interpersonal attributes, clinical skills, and clinical reasoning demonstrated in tutorial before he or she is eligible to receive a letter grade on knowledge and understanding. This innovation will allow us to effectively work with students to assure their clinical competence in a way that may not be as available in traditional curricula.

Each tutor meets with students individually at least two times during the semester. Written documentation summaries of the feedback provided to the student go into his or her portfolio. The focus of this feedback is student performance regarding interpersonal attributes, clinical skills, and clinical reasoning as identified in the content block objectives.

The Role of Research in the Curriculum
By offering five sequential research content blocks, the curriculum clearly shows a major research emphasis across the 3 years. The research focus in this program is directed toward clinical relevance. The plan is to have a research infrastructure of ongoing research projects directed by faculty members and to have the students build on faculty projects for their scholarly master’s projects. To this end, the eventual goal is to have first-year students directly assigned into research teams, once faculty members have ongoing research projects.

In addition, the entire process of curriculum development, implementation, and evaluation has been positioned as a research-like endeavor. Thus, the culture of research-like activity has served as the foundation of the program’s origins and should also serve as a foundation from which to transmit the culture of actual research to students.

Program Evaluation
Planning for evaluation of the educational program is in formative stages. Ideas about the types of indicators that will be used to assess the program are presented in Table 3. We hope to have an expert participate in the process of curricular evaluation. Pending additional external funding, the scope and sequence of evaluation by external experts remains to be determined.

Because it will allow for comprehensive feedback while the program is being implemented, as well as consequent program modification during implementation, a stakeholder model of evaluation has been employed based on Hengstberger-Sims and McMillan (1991).

Conclusions: Reflections on Implementing Problem-Based Learning
Grand Masion and Des Marchais (1991), in reflecting on implementing PBL at Sherwood Medical School in Quebec, Canada, identify that, along with administrative support, a core of faculty members committed to the concept of problem-based learning is paramount. On the basis of experience implementing PBL in occupational therapy at Shenandoah University to date, the reflections of Grand-Maison and Marchais ring true. One needs, however, more than committed faculty members and administrative support.

To endure the process of change, one needs a sustained vision of what is to be, not just what is. If one believes that development of conceptual knowledge cannot be isolated from the situation in which it is learned and applied (Brown, Collins, & Duguid, 1989), and if one

Table 3
Shenandoah University Occupational Therapy Program Goals and Proposed Outcome Measures

<table>
<thead>
<tr>
<th>Goals</th>
<th>Outcome Measures or Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment: Admit qualified applicants with capacity to benefit from program</td>
<td>• Grade point average (GPA) in prerequisite courses</td>
</tr>
<tr>
<td></td>
<td>• GPA overall prior to admission</td>
</tr>
<tr>
<td>Develop exemplary clinical knowledge and skills</td>
<td>• Summated score of references</td>
</tr>
<tr>
<td></td>
<td>• Summated score of autobiography</td>
</tr>
<tr>
<td>Develop professional attitudes and conduct</td>
<td>• Narrative observations of students in Level I Fieldwork experiences</td>
</tr>
<tr>
<td></td>
<td>• Student performance on ‘theory’ to practice papers</td>
</tr>
<tr>
<td></td>
<td>• Therapists’ ratings of students in Level I Fieldwork</td>
</tr>
<tr>
<td></td>
<td>• Student performance in Level II</td>
</tr>
<tr>
<td></td>
<td>• Student contributions to the discipline of occupational therapy</td>
</tr>
<tr>
<td></td>
<td>• Self-report of graduates and survey of employers</td>
</tr>
<tr>
<td>Develop student–faculty interaction</td>
<td>• Student narrative and simulation testing</td>
</tr>
<tr>
<td></td>
<td>• Level of clinical reasoning</td>
</tr>
<tr>
<td></td>
<td>• Evaluations of clinical supervisors and colleagues in Level I and II Fieldwork</td>
</tr>
<tr>
<td></td>
<td>• Faculty evaluation of students in tutorials</td>
</tr>
<tr>
<td></td>
<td>• Client evaluation of students in training</td>
</tr>
<tr>
<td>Assure qualifications for certification and licensure</td>
<td>• Student surveys</td>
</tr>
<tr>
<td>Encourage practice in new settings</td>
<td>• Faculty and student evaluation of tutorials</td>
</tr>
<tr>
<td></td>
<td>• Faculty surveys</td>
</tr>
<tr>
<td></td>
<td>• Results of American Occupational Therapy Certification Board</td>
</tr>
<tr>
<td></td>
<td>• Practice locations of graduates</td>
</tr>
</tbody>
</table>

Note: Adapted from D.G. Kesselman (1990), “The measurement of outcomes in their assessment of educational program effectiveness,” Academic Medicine, 65(5), 295.
considers the learning culture (the student is ultimately responsible for his own learning), the interpersonal and physical context in which learning occurs (cooperative learning in a group), and the learning activities (problem-setting and problem-solving cases), then, reasoned belief that problem-based learning is an appropriate course of action for occupational therapy curricular development at Shenandoah University or elsewhere can sustain the process of change. It is the belief that drives the vision of the future, of what can be, through a new focus in occupational therapy education.

Appendix

Curriculum Overview

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT 401</td>
<td>Assessment Skills: Observation and Interview</td>
<td>1</td>
</tr>
<tr>
<td>OT 402</td>
<td>Foundations of Occupational Therapy</td>
<td>3</td>
</tr>
<tr>
<td>OT 403</td>
<td>Occupational Development</td>
<td>3</td>
</tr>
<tr>
<td>OT 404</td>
<td>Human Structure, Function, and Environmental Context</td>
<td>8</td>
</tr>
<tr>
<td>OT 405</td>
<td>Research and Evaluation I</td>
<td>3</td>
</tr>
<tr>
<td>OT 406</td>
<td>Occupational Therapy Theories and Frames of Reference</td>
<td>4</td>
</tr>
<tr>
<td>OT 407</td>
<td>Neuroscience Foundations of Occupation</td>
<td>3</td>
</tr>
<tr>
<td>OT 408</td>
<td>Disease, Disability, and Occupational Dysfunction</td>
<td>2</td>
</tr>
<tr>
<td>OT 409</td>
<td>Functional Mobility and the Environment</td>
<td>2</td>
</tr>
<tr>
<td>OT 410</td>
<td>Research and Evaluation II</td>
<td>2</td>
</tr>
<tr>
<td>OT 411</td>
<td>Level One Fieldwork I</td>
<td>1</td>
</tr>
<tr>
<td>OT 501</td>
<td>Occupational Dysfunctions Across the Lifespan</td>
<td>3</td>
</tr>
<tr>
<td>OT 502</td>
<td>The Occupational Therapy Process: Assessing Function and Problem Setting</td>
<td>3</td>
</tr>
<tr>
<td>OT 503</td>
<td>The Occupational Therapy Process: Problem Solving and Intervention</td>
<td>4</td>
</tr>
<tr>
<td>OT 504</td>
<td>Environmental Adaptations and Technology</td>
<td>3</td>
</tr>
<tr>
<td>OT 505</td>
<td>Administration and Management</td>
<td>2</td>
</tr>
<tr>
<td>OT 506</td>
<td>Research and Evaluation III</td>
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</tr>
<tr>
<td>OT 507</td>
<td>Level One Fieldwork II</td>
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</tr>
<tr>
<td>OT 508</td>
<td>Level Two Fieldwork</td>
<td>12</td>
</tr>
<tr>
<td>OT 601</td>
<td>Changing Function Through Occupation</td>
<td>3</td>
</tr>
<tr>
<td>OT 602</td>
<td>Advanced Concepts in Human Occupation: Clinical Reasoning and Problem Setting</td>
<td>3</td>
</tr>
<tr>
<td>OT 603</td>
<td>Policy Analysis</td>
<td>3</td>
</tr>
<tr>
<td>OT 604</td>
<td>Clinical Case Studies: Specialization</td>
<td>3</td>
</tr>
<tr>
<td>OT 605</td>
<td>Advanced Research and Evaluation I</td>
<td>3</td>
</tr>
<tr>
<td>OT 606</td>
<td>Thesis/Scholarship I</td>
<td>3</td>
</tr>
<tr>
<td>OT 607</td>
<td>Advanced Concepts in Human Occupation: Clinical Reasoning and Problem Setting</td>
<td>3</td>
</tr>
<tr>
<td>OT 609</td>
<td>Advanced Research and Evaluation II</td>
<td>3</td>
</tr>
<tr>
<td>OT 610</td>
<td>Thesis/Scholarship II</td>
<td>6</td>
</tr>
<tr>
<td>OT 611</td>
<td>Thesis/Scholarship III</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>(this option is for registered occupational therapists who enter directly into year three of the curriculum)</td>
<td>105</td>
</tr>
</tbody>
</table>

The Program in Occupational Therapy offers an elective in school-based practice.

OT 509 School-Based Practice in Occupational Therapy 5

Note: OT = occupational therapy.

Acknowledgments

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References


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