Application of Humanistic Learning Theory in an Associate Degree Program for Occupational Therapy Assistants

(educational, conceptual model)

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A humanistic education model was implemented in a 2-year associate degree curriculum for occupational therapy assistants. The goal of this model was to help students to become responsible and successful with their own lives. This prepares students with higher levels of ability to cope effectively with clients in crises. The curriculum presented here supports the framework of The American Occupational Therapy Association role delineation document (Entry-Level Role Delineation for OTRs and COTAs, approved by the Representative Assembly, AOTA, March 1981).

The role of the Certified Occupational Therapy Assistant (COTA) is to assist the Registered Occupational Therapist (OTR) in the delivery of health care. In clinical practice, delegation of appropriate tasks to the COTA allows the OTR greater freedom for program planning and development.

The establishment of new programs and more extensive services will continue to increase the demand for both COTAs and OTRs. For any OTR involved in hiring occupational therapy assistant personnel for a department, a close look at the curriculum from which potential personnel have recently graduated will provide greater insight into their skills. The frame of reference or philosophy of a curriculum will synthesize what that curriculum emphasized; it will help to clarify what responsibilities can be delegated, and will maximize potential use of the COTA.

The Milwaukee Area Technical College (MATC) encourages the entry of students with a wide range of academic and socioeconomic backgrounds. The diversity of students entering is also reflected in an age range from 17 through 65 years. The varied backgrounds of incoming students stimulate the educational process and encourages the development of a wide variety of curriculum offerings.

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Dr. Leo Buscaglia, a professor of education at the University of Southern California, states that
"Love and the self are one and the discovery of either is the realization of both." (2, p 140) Love and knowing oneself are realities; love and the discovery of self are essential to interpersonal relationships, and the two are "therapy."

The conceptual model is the method by which a frame of reference is fulfilled. It must include the major themes around which a curriculum is designed, as well as one's perception of practice and the sequencing of the educational components and strategies. Our conceptual model incorporates three theories of learning—behaviorist, cognitive, and motivational—within a humanistic developmental framework (Figure 1A, B).

The humanistic-behaviorist model is emphasized during the first two semesters. It is behaviorist because of the competency-based materials and modeling that allows for repetition of the student's wishes. This affords frequent, positive reinforcement by efficiently building the student's interests and instilling the knowledge and expectations of the health care field. It is humanistic in nature because of the emphasis on self-regulation, peer group involvement, and ongoing faculty and peer evaluation.

The third semester humanistic-cognitive model emphasizes the initial application of knowledge, skills, and experience to client treatment. It is cognitive because this exercise in the application of classroom knowledge provides new insights into the occupational therapy process. The humanistic emphasis is on the real-life experiences outside the classroom planned by the students, with guidelines from the faculty.

During the fourth seminar, the humanistic-motivational model is exercised when the student takes responsibility for his or her own learning and actions. The faculty become facilitators, liaisons, and resource persons during the Group Dynamics Course as well as during the full-time Level II Fieldwork Experience. Here students apply learned skills by problem solving with clients in a variety of health care systems where different learning resources are made available.

An eclectic approach is used that incorporates the Humanistic-Behaviorist, the Humanistic-Cognitive, and the Humanistic-Motivational models. This provides opportunities for students to apply cognitive information to the skills used in the process of treatment. The end goal is to accomplish this within a self-motivated, self-imposed structure.

The total learning experience is a curriculum based equally on cognitive learning, development of task skills, and application to the process of patient treatment (Figure 2).

Curriculum Experiences
The education program is based on a series of experiences that are ongoing and simultaneous. The cogwheel pictured in Figure 3 represents the students' evolution.
through the five stages of humanistic education.

It has been said that education must help the individual to become a person with a life goal of accomplishing something he or she believes in and is capable of fulfilling through self-determination (3, p.59).

This philosophy was translated in our curriculum into definitive objectives and purposeful learning tasks and activities.

Factual information, when presented together with reality-based learning, challenges the students with real situations and problems. Reality-centered learning experiences appear meaningful to the student, as reflected in increased motivation and commitment to the tasks (4), and in their written evaluative comments.

The classroom is used as a human community with multiple empathic experiences. Group interaction fosters a learning climate in which students learn from one another with the instructor functioning as a coordinator and facilitator of the process. Clark and Kadis (5) believe that the more diverse the students, the more closely the group resembles the community outside the classroom, a setting that also provides an effective education framework.

Students who cope effectively with the "real community" provided by the classroom will probably be successful in coping with the clinical environment. The classroom experiences described next were designed to achieve the five stages of humanistic education (Figure 3) and to simulate the occupational therapy clinical environment.

1. Professionalism and Ethics.

The milieu created within the classroom is based upon practicing professional occupational therapy

### Figure 1B

**BLOSS-BROWN-SCHOENING CONCEPTUAL MODEL**

<table>
<thead>
<tr>
<th>SEMESTERS</th>
<th>COGNITIVE</th>
<th>PROCESS SKILLS</th>
<th>TASK SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>110</td>
<td>110 Field Work</td>
<td>112 Woodworking</td>
</tr>
<tr>
<td>1</td>
<td>120</td>
<td>120 Therapeutic Media</td>
<td>115 Therapeutic Media</td>
</tr>
<tr>
<td>2</td>
<td>130</td>
<td>130 Physical Disability Therapy</td>
<td>131 Physical Disability Skills</td>
</tr>
<tr>
<td>3</td>
<td>140</td>
<td>140 Program Planning</td>
<td>132 Program Planning</td>
</tr>
<tr>
<td>4</td>
<td>150</td>
<td>150 Movement and Music</td>
<td>155 Movement and Music</td>
</tr>
</tbody>
</table>

**Scale:** 1 Hour - 3 Hour

1 Hour
2 Hours
3 Hours
Field Work Experience
ethics. Personal and professional growth is encouraged through a variety of exercises that emphasize grooming and hygiene, and responsibility to faculty, clinicians, self, and peers. Written and oral communication skills are practiced, and involvement in professional organizations is encouraged. Fundraising activities to support participation at local and national meetings are arranged by the students.

2. Children's Activity and Crafts. Within the MATC classroom, students provide a craft and recreational program experience for two separate groups of children brought in from local schools. This encompasses planning a number of activities, decorations, quiet games, active games, and nutritional snacks for each group. The group dynamics occurring in the process allow for leaders and followers to emerge; also, the process serves as a mechanism for evaluation of each individual's group participation. Peer pressure is experienced through shared tasks and responsibilities.

3. Simulation of Physical Limitations. Sensory perceptions such as visual, auditory, olfactory, and tactile losses are simulated. Mobility limitations are then applied to various activities of daily living through such experiences as "total blindness" while preparing a full-course meal, practicing mobility techniques, and being wheelchair-bound while evaluating architectural barriers. The goal of these experiences is meant to sensitize the students to the limitations imposed by physical loss, develop an awareness of the energy expenditure required, and gain an understanding of the feeling of being "different."

4. Training Group Experience (T-Group). During the fourth semester while the students are full-time clinical/affiliate students, one afternoon per week is devoted to a group dynamics class involving the occupational therapy faculty and the total student group. Part of this class is a T-Group experience that is not graded in order to reduce any threat of the process. It serves as a catharsis and closure for the entire 2 years of education. The reactions in the group follow a continuum from very positive to negative—this is typical of group experiences—with varying degrees of personal growth and awareness emerging.

5. Clinical Experiences. Serving to enhance cognitive knowledge through practice, clinically based experiences are an important aspect of the MATC model. During each semester, students are exposed to various phases of clinical practice provided in a developmental se-
sequence, from the pre-clinical observation to the application of skills in varying degrees as cognitive material is presented.

The students “practice” in dyads and small groups within multiple classroom situations. These practice experiences permit them to evaluate their classroom performance comparatively with their clinical performance. Therefore, a self-evaluation mechanism is built into each clinical experience, ranging from written narratives to competency-based evaluation formats.

In addition to the traditional clinically based experiences that most programs include, several carefully planned nontraditional experiences are provided. Health care agencies within the community are explored by the students and provide a first-hand opportunity to examine the diversity of services and professions available within the health care delivery system.

The theory of activity program planning denotes that programs of activity are designed for specific needs. Students plan various programs for populations with different needs: a group-planned welcome party for the incoming freshman students and a series of activity programs for nursing home clients.

Through a group process called Remotivation, students must plan programs, implement treatment sessions with clients, evaluate the sessions, and write progress notes. Finally, the students must evaluate the program’s effectiveness within the health care agency. Students must be able to move from the “one-to-one” client relationships to the multifaceted interaction of the group process—an effective instrument for the faculty to use in evaluating the students’ abilities prior to full-time fieldwork. The objective of implementing the Remotivation process is to give the student the opportunity to put into practice the cumulative interaction skills of all previous course work.

From the Remotivation case load, each student is required to select two clients on which to do an Activities of Daily Living Evaluation. This information is shared with the staff of the facility as well as with faculty. Initial treatment planning procedures are instituted at this time.

Evaluation Experiences
Since in this humanistic program an attempt is made to develop self-awareness, insight, and self-understanding, many evaluation experiences are provided.

Each student develops a set of short-term and long-term goals that are shared with the faculty each semester through a personal counseling session.

Using Cognitive Style Mapping (6), a personal educational prescrip-
tion is developed for each student based on the student's learning strengths as described in the Map. The student receives a computer printout and has the first personal conference with faculty to review and clarify the results 6 weeks into the first semester. This activity enables the student to individualize his or her method of learning throughout the curriculum. Students have found this practice a positive experience because of the insight they gain about their learning abilities and potential. Curriculum materials have been and continue to be designed to provide educational options for the variety of learning styles suggested in the Map.

The current trend in the health delivery system is on preventive care and maintaining one's personal health status. Within this realm of high-level wellness, these "potential professionals" are given a battery of wellness inventories that explore diet and nutrition awareness, value of exercises and activity, relaxation techniques, influence of physical posture, personal control of health, first aid, cardiac pulmonary resuscitation, various safety measures, and the influence of life style on health.

The Mirenda Leisure Interest Finder (7) provides the student with an exercise in exploring quality use of leisure time. It offers a guide to effective use of community resources in the pursuit of creditable alternatives for avocational and leisure-time activities.

The Myers-Briggs Type Indicator (8) explores the students' psychosocial abilities and traits and provides insight into their reactions, interests, values, needs, and motivations. Used as a nonthreatening stimulus to the students' insight, and in the decision-making process, it contains separate indices for determining basic personality preferences.

Students evaluate each other's personal performance relative to the strengths and weaknesses within the group process, and the resulting data are tabulated by computer. The cumulative printout information is shared in an advisory role by faculty in the second individualized counseling session during the second semester. This information is used by the student as an awareness tool to enhance insight and in the development of personal goals and strategies. Both positive and negative attributes are identified in the computer printout; however, negative attributes are shared only upon request (9).

Teaching Techniques and Grading

Students are constantly exposed to a variety of teaching techniques they can use. A developmental continuum from simple to complex is used to facilitate the case with which students can perform these techniques. Closed circuit television is used to provide instant feedback for self-performance and for faculty evaluation. Skill levels of student presentations are observed. The student can then eliminate undesirable behavior and increase the use of effective techniques.

The range of teaching techniques includes:

(a) A 15-minute demonstration to the entire class of an ecology or children's craft that involves few steps.

(b) A half-hour demonstration to the entire class of a selected craft that is more complex.

(c) A predetermined craft that has multiple teaching components taught to a subgroup of the class. In this case the student-teacher is simultaneously responsible for accumulating evaluative information on each of the learners in the group. The learners in turn evaluate their student-teacher.

(d) The final experience involves teaching a craft randomly assigned from a selected list. Concurrent with the teaching process, the students role play a variety of behavioral disorders to simulate a clinical situation. Each student learner must complete a sample of the craft presented. The student-teacher must cope with the patient behaviors presented. This is followed with immediate feedback to the relevance of their responses. The student-teacher must also evaluate the finished product according to predetermined criteria.

The competency-based format generally determines the specific skills necessary for mastery and allows an open-ended time frame for success. Frequently, a pass-fail grading system is implemented in lieu of the traditional letter grade method (10).

A modified competency-based educational approach has evolved for our program. Clinical and classroom evaluation methods have been developed in competency format by describing each separate performance requirement. Repetition for mastery of skills is allowed. However, the semester is the defined time frame for completion. Written tests may be taken twice, except for final exams, reducing the threat that some students experience when taking exams. The cumulative mean score is the earned grade. Each course and course component must meet a "C"-level requirement. For the clinical components of the program, students must complete a self-evaluation that is compared with the clinical supervisor's findings.
Results
Students have shared their reactions in writing, both at the end of each course and upon completion of the total 2-year curriculum. This feedback has been invaluable for faculty and for program growth and change.

The responses to the humanistic education model have been as varied as one might expect from any community of individuals who are experiencing educational change through the acquisition of needed skills. These have ranged from complete negativism through compliance to the program demands, to learning and exciting personal growth. Sometimes the skill acquisition, learning, and personal growth are immediately visible to the student who has experienced it; sometimes the visibility is more distant and only after several years of practice is it acknowledged.

In addition to the presentation of cognitive materials, the role of the faculty is to create a climate in which to establish this educational process. Once this climate is established, it is critical that students are aware of the intended process (of self-growth through the humanistic model) in order to facilitate learning needed skills, growth, and change.

The development of competency-based materials, creation of the variety of materials necessary to meet multiple learning styles, and student advising require considerable time and energy. Course content, methods of advising, and classroom presentations are continuously reviewed to enhance the educational process.

Conclusion
As measured by the competency-based evaluations, it appears that growth, change, and learning are simultaneously and consistently occurring in the program described. The learning experiences may be painful, pleasurable, or both, but undeniably are productive because the program produces employable ready-for-work practitioners who are in demand.

About 50 percent of the initial annual intake of 32 students do not succeed in the course of study for a variety of reasons. This relatively high attrition rate is consistent with other professional-level programs within the institution. In addition to inadequate educational skills, barriers to completion include such life crises as divorce, pregnancy, poor health, and socioeconomic concerns. Personal growth deterrents can also prevent students from program completion. For the students who do complete the program, there is a 100 percent employment rate. The graduates are actively recruited by OTR clinicians. The most frequent positive feedback is that these graduates come to a job situation equipped with maturity and adequate task skills, but also with a quality of interpersonal relationship skills that add a dimension to the dynamics inherent in a work situation.

After 9 years of ongoing curriculum development, faculty concur that teaching within the humanistic education model offers a twofold reward. It is exciting to contribute to the personal and professional development of students. This, in turn, contributes to professional excellence by elevating the level and quality of health care.

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Related Readings
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