



School of Physical and Occupational Therapy
3654 Promenade-Sir-William-Osler
Montreal, Quebec
H3G 1Y5

COURSE GUIDE

B.Sc. OCCUPATIONAL THERAPY U-1

2001-2002

IMPORTANT DATES

| | | |
|---|--|------------------------------|
| Term A: | Registration Period | Aug. 7 - Sept. 5, 2001 |
| | Labour Day | Sept. 3, 2001 |
| | First Day of Classes | Sept. 5, 2001 |
| | Course Change (drop/add period) | Sept. 5 - 16, 2001 |
| | Thanksgiving Day | Oct. 8, 2001 |
| | Last Day of Classes | Dec. 5, 2001 |
| | Examination Period | Dec. 7 - 21, 2001 |
| Term B: | Classes Commence | Jan. 7, 2002 |
| | Course Change (drop/add period) | Nov. 5, 2001 - Jan. 20, 2002 |
| | Midterm Break - Three days <u>only</u> | Feb. 27 - 28, Mar. 1, 2002 |
| | Last Day of Classes | Mar. 8, 2002 |
| | Examination Period | Mar. 11 - 15, 2002 |
| CLINICAL AFFILIATION - Session 1 | Easter | Mar. 18 - Apr. 26, 2002 |
| | Classes Reconvene | Mar. 29 - Apr. 1, 2002 |
| | Victoria Day | May 1, 2002 |
| | Last Day of Classes | May 20, 2002 |
| | Final Examination Period | May 22, 2002 |
| | | May 23 - 30, 2002 |

McGILL UNIVERSITY
School of Physical and Occupational Therapy

COURSE GUIDE
B.Sc. (OCCUPATIONAL THERAPY) U-1

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PROFESSIONAL COURSE DESCRIPTIONS

COMBINED PHYSICAL & OCCUPATIONAL THERAPY FIRST YEAR COURSES

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OCCUPATIONAL THERAPY FIRST YEAR COURSES

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| 580-220B | CLINICAL AFFILIATION I | 19 |
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| 580-240B | ASSESSMENT OF PERFORMANCE I | 39 |

U1 CURRICULA PLAN - 2001-2002 - OCCUPATIONAL THERAPY PROGRAM

FALL: TERM A

Academic Term (13 wks) + Exams (2 wks) = Total 15 wks

WINTER: TERM B

Academic Term (10 wks) + Exams (1 wk)+ Clinical I (6 wks) + Integration Block (3 wks) + Exams (1 wk) = Total 21 wks

| Academic Term Sept 5 - Dec 5 | Exams Dec 7 - 21 | Academic Term Jan 7 - Mar 8 | Exams Mar 11 - 15 | Clinical Block Mar 18 -Apr 26 | Integration Block May 1 - 22 | Exams May 23 - 30 |
|---|---------------------|--|----------------------|---------------------------------------|---|----------------------|
| 504-315A ANATOMY 4cr | | 504-316B ANATOMY 2cr | | 580-220B CLINICAL AFFILIATION I | 582-222B KINESIOLOGY 3cr | |
| 552-201A PHYSIOLOGY 3cr | | 552-202B PHYSIOLOGY 3cr | | | 580-236B OT PRACTICE I: Integration Block | |
| 582-248A COMMUNICATION/PROFESSIONALISM 2cr | | 582-250B HEALTH CARE AND PROFESSIONALISM 2cr | | | | |
| 582-239A ASSESSMENT IN REHABILITATION I 2cr | | 580-240B ASSESSMENT OF PERFORMANCE I 2cr | | | | |
| 582-260A LIFE SPAN 2cr | | 580-236B OT PRACTICE I: Musculoskeletal Conditions 4cr | | | | |
| 580-235A OCCUPATION AS THERAPY 3cr | | | | | | |

Note: 580 - OT
582 - OT/PT
504 - Anatomy
552 - Physiology

Term A:

Sept. 5 to Dec. 5, 2001

Exam Period:

Dec. 7 to 21, 2001

Term B:

Jan. 7 to Mar. 8, 2002

Exam Period:

Mar. 11 to 15, 2002

Clinical Affiliation:

Mar. 18 to Apr. 26, 2002

Courses:

May 1 to 22, 2002

Exam Period:

May 23 to 30, 2002

| 2001-2002 OCCUPATIONAL THERAPY PROGRAM - U1 | | |
|--|--|----------------|
| Course Number | Course Name | Credits |
| 504-315A | Regional Anatomy of the Limbs & Back | 4 |
| 552-201A | Human Physiology: Control Systems | 3 |
| 582-239A | Assessment in Rehabilitation I | 2 |
| 582-248A | Communication/Professionalism | 2 |
| 582-260A | Life Span | 2 |
| 580-235A | Occupation as Therapy | 3 |
| 504-316B | Human Visceral Anatomy | 2 |
| 552-202B | Human Physiology: Body Functions | 3 |
| 582-222B | Kinesiology | 3 |
| 582-250B | Health Care and Professionalism | 2 |
| 580-236B | OT Practice I : Musculoskeletal Conditions | 4 |
| 580-240B | Assessment of Performance I | 2 |
| 580-220B | Clinical Affiliation I | 0 |
| TERMS A & B - TOTAL CREDITS | | 32 |

| 2001-2002 PHYSICAL THERAPY PROGRAM - U1 | | |
|--|--------------------------------------|----------------|
| Course Number | Course Name | Credits |
| 504-315A | Regional Anatomy of the Limbs & Back | 4 |
| 552-201A | Human Physiology: Control Systems | 3 |
| 582-239A | Assessment in Rehabilitation I | 2 |
| 582-248A | Communication/Professionalism | 2 |
| 582-260A | Life Span | 2 |
| 581-235A | Movement Science & Practice | 3 |
| 504-316B | Human Visceral Anatomy | 2 |
| 552-202B | Human Physiology: Body Functions | 3 |
| 582-222B | Kinesiology | 3 |
| 582-250B | Health Care And Professionalism | 2 |
| 581-241B | Assessment II: Musculoskeletal | 2 |
| 581-236B | Movement I: Musculoskeletal | 4 |
| 581-220B | Clinical Affiliation I | 0 |
| TERMS A & B - TOTAL CREDITS | | 32 |

504-315A - REGIONAL ANATOMY OF THE LIMBS & BACK

Credits: 4

Lecturers: *Regional Anatomy Section:* G. C. Bennett, Department of Anatomy
 Functional Anatomy Section: S. Beaulieu, T. Norcia, N. Liverani

COURSE STRUCTURE

A lecture and laboratory course of 2 hours of lecture and 4 hours of prosection including 2-3 sessions on dissection and 2 hours of functional laboratory per week. This course will cover regional gross anatomy of the skeleton, joints, muscles and neurovascular structures of the limbs and back. Lectures and the prosection laboratory will be given by the Department of Anatomy. The functional anatomy laboratory will be given by the School of Physical and Occupational Therapy.

REGIONAL ANATOMY SECTION**COURSE STRUCTURE**

This section consists of 2-hour lecture sessions per week and 2 hour laboratory periods per group per week starting Wednesday, September 5, 2001.

OBJECTIVES

Emphasis is placed on understanding anatomical concepts rather than rote memorization. Upon completion of this section, the student will be able to understand and utilize the acquired anatomical information as needed in other professional courses:

1. The movements of the different body segments in terms of planes and axes.
2. The bones of the skeleton in terms of why they have the architecture they do, how this relates to their function and the stresses acting upon them and the areas of weakness of bones in terms of possible fracture sites.
3. The structure of different types of joints and their supporting ligaments and tendons, the movements permitted and the factors that make them susceptible to dislocation, inflammation or calcification.
4. The structure of different types of bursae and tendon sheaths, and the factors that make them susceptible to bursitis or tenosynovitis.
5. The importance of fasciae (and retinaculae), in terms of compartmentalization, muscle function, impingement problems (e.g. carpal tunnel syndrome), and containment spread of infections.
6. The structure, attachment sites and functions of different muscles and muscle groups, especially in terms of neural control of functional movements.
7. The structure, relationships and distribution of peripheral nerves, especially in terms of their sites of potential injury and the effects of such injury on loss of muscle function or cutaneous sensation.
 - i) The structure, relationships and distribution of arteries and veins, especially in terms of their sites of potential injury and the effects of such injury on loss of muscle function, gangrene, etc.

- ii) The importance of anastomoses around joints, in terms of maintaining blood supply to distal regions if a vessel is occluded.
- 8. The differences between the Lower Limb and Upper Limb, in terms of the specialized function of the Lower Limb for locomotion (stance and gait) and the Upper Limb for hand manipulation.
- 9. An elementary understanding of radiology and other clinically important imaging techniques, and their role in the assessment of both normal anatomy and traumatic or pathological alterations.

LABORATORY ETIQUETTE

Necessary Equipment: C lab coat
 C instruments (forceps, etc.)
 C latex gloves

Use of Laboratory During Laboratory Periods:

- C entry to the GROSS LABORATORY at all times is strictly restricted to students registered in Anatomy courses in our department (Physical and Occupational Therapy; Medicine; Dentistry; B.Sc. Students in 504-214 course)
- C respect for cadavers (all donated)
- C no food or drink
- C no photographs
- C dissections are kept in plastic bags, along with moistened cloth rags
- C each plastic bag is identified with a clothes-peg
- C each dissection is identified with a tag
- C dissections are preserved with mixture of aldehyde, phenol and alcohol
- C dissections and accompanying cloth rags must be continually kept moist with new alcohol solution

REQUIRED TEXT

Course Pack.

EVALUATION

Regional Anatomy Section:

Written multiple choice examinations:

| | | |
|------------|-------|-------------------|
| Midterm | 22.4% | |
| Final Exam | 33.6% | TOTAL: 56% |

Laboratory examinations:

| | | |
|-------------|-------|--------------------------|
| “Spot” Exam | | |
| Midterm | 9.6% | |
| Final Exam | 14.4% | TOTAL: <u>24%</u> |
| | | 80% |

FUNCTIONAL ANATOMY SECTION

COURSE STRUCTURE

This section consists of laboratory sessions of 2 hours per week for 12 weeks.

OBJECTIVES

Upon completion of this section, the student therapist will be able to:

1. Visually inspect, palpate and identify:
 - C bony landmarks
 - C soft tissue structures
 - C arterial pulses
2. Demonstrate and interpret the movement of body segments in terms of planes and axes.
3. Identify and understand muscle actions: isotonic, isometric, concentric and eccentric contractions.
4. Demonstrate normal muscles in action.
5. Interpret potential patterns of muscle weakness or paralysis due to dysfunction of nerves, muscles and joints.
6. Identify joint structures and understand movement of specific joints (according to classification).
7. Demonstrate professional behaviour throughout the labs.
8. Demonstrate organization skills by completing the lab preparation activities.

TOPICS

Prior to each lab, students will have prepared a list of all the bony landmarks, soft tissue structures and arterial pulses that they will be palpating as per Moore and Dalley (1999).

1. The bony landmarks and soft tissue structures of the following areas will be covered:
 - C shoulder girdle
 - C cervical spine
 - C thoracic spine
 - C lumbar spine
 - C brachium
 - C elbow
 - C forearm
 - C wrist
 - C hand
 - C hip
 - C pelvis
 - C thigh
 - C knee
 - C leg
 - C ankle
 - C foot

2. Students will be able to palpate the arterial pulses of:

- C brachial artery (axilla and elbow)
- C the radial artery
- C the ulnar artery
- C the femoral artery
- C the popliteal artery
- C dorsal pedal artery

REQUIRED DRESS FOR LABORATORY SESSIONS

- C Shorts and Shirts (females: halter-type or racer back tops)

REQUIRED TEXT

Moore, K.L., & Dalley, A.F. (1999). *Clinical Oriented Anatomy* (4th edition). Lippincott Williams & Wilkins.

RECOMMENDED READING

Hoppenfeld, S. (1976). *Physical Examination of the Spine & Extremities*. New York, Prentice-Hall.

Jenkins, D. (Ed.). (1998). *Hollinshead's Functional Anatomy of the Limbs & Back*, (7th edition). Saunders.

EVALUATION

Functional Anatomy Section: 20%

Note: Students who miss more than three (3) practical laboratories without a legitimate reason will not be permitted to take the final examination.

The student therapist is expected to present a professional approach throughout all of his/her learning experience.

582-222B KINESIOLOGY

Credits: 3

Lecturer: P. McKinley

COURSE STRUCTURE

This 48 hour course is given in lecture, seminar and/or practical formats. The course commences on Wednesday, May 1, 2002 and runs until Wednesday, May 22, 2002. The class will be taught in a 3-hour block every morning (9:00 a.m. to 12:00 p.m.).

OBJECTIVES

Upon completion of this course, the student should be able to:

Skills and Behaviours:

1. Identify the developmental level of an individual relative to current knowledge.
2. Interpret and evaluate the validity of kinematic, kinetic and EMG methods at a beginning level.
3. Perform measurement of angular movement, linear displacement, velocity, muscle activity patterns and force, and joint torque.
4. Utilize basic biomechanical principles in interpretation, modification and selection of testing and treatment, intervention and worksite modifications.
5. Use a critical appraisal approach in understanding the motor control approach to practice.
6. Utilize a critical appraisal approach to kinesiology as applied to physical and occupational therapy.
7. Construct functional restoration programs consistent with specific needs such as aging, changing work demands and environment.
8. Become a critical consumer of the literature with the goal of applying the knowledge to clinical practice.
9. Collaborate effectively with other health professionals.
10. Carry out a literature review, demonstrate library skills, write purposefully, and prepare a specific report.
11. Become aware of client satisfaction, particularly related to outcomes: predicted vs actual.
12. Define problems from the client's perspective, occupation and lifestyle, including anticipated problems.
13. Determine continuation, progression or discontinuation of interventions based on evaluative tools.
14. Assess and interpret gait, balance and coordination, posture, range of motion, fatigue, endurance and strength from a kinesiological perspective (use of EMG, kinematics and kinetics).

Knowledge:

1. Define kinematics and explain how it may be used as an evaluative tool.
2. Define kinetics, distinguish between static and dynamical analysis, and explain how it may be used as an evaluative tool.

3. Define electromyography, and describe the origin, characteristics and measurement of EMG signals.
4. Discuss the qualitative and quantitative principles of motion and posture analysis.
5. Discuss the modifiers which may affect motor learning/control, including motor development and aging, orthotics, prosthetics and assistive devices, gender and body structure, and environment.
6. Use an integrated approach in application of intervention and outcome measurement as applied to: balance, posture and coordination, functional abilities evaluation, lifting, locomotion, occupational tasks and physical demands analysis.
7. Become acquainted with principles of ergonomics and practices, and return to work process.
8. Describe motor unit recruitment and the relationships to force production, fatigue and pathology.
9. Relate how principles of kinesiology may be used to evaluate programs, qualitative and quantitative research.
10. Use principles of preparing a scientific report, including literature review, evaluation of information, argument synthesis and graphical presentation.
11. Discuss theories of motor control as applied to kinematic and kinetic analysis: dynamical systems, distributed control.
12. Discuss how neural plasticity may be important in designing and evaluating interventions.

CONTENT

May 1-22, 2002

| | |
|--------|--|
| Week 1 | MUSCLE MECHANICS and EMG |
| Week 2 | EMG and KINETICS |
| Week 3 | KINEMATICS, EMG, KINETICS: PUTTING IT TOGETHER |

REQUIRED TEXT

Course Pack.

RECOMMENDED TEXT

Whiting, W.C. and Zernicke, R. F. (1998). *Biomechanics of Musculoskeletal Injury*. Windsor, Ontario, Human Kinetics.

EVALUATION

To be announced.

582-239A - ASSESSMENT IN REHABILITATION I

Credits: 2

Lecturers: S. Beaulieu (Co-coordinator), R. Toomey (Co-coordinator), S. Fucile,
TA: TBA

COURSE STRUCTURE

This course includes 1 hour of lecture and 2 hours laboratory sessions per week with small group work and both instructor-directed and student-directed learning experiences.

GOAL

The student therapist will acquire beginning-level knowledge and skills necessary for the basic physical assessment of clients seen by physical and occupational therapists.

OUTCOMES

Upon completion of this section, the student therapist will demonstrate knowledge by being able to:

1. Reinforce material learned in Anatomy - 504-315A.
2. Interpret and apply the basic principles of reliability and validity theory to physical assessment.
3. Apply the knowledge learned in the following areas:
 - a) Manual muscle testing
 - b) Goniometry
 - c) Evaluation of sensory function
 - d) Evaluation of hand and finger strength
 - e) Evaluation of oedema
 - f) Evaluation of posture
 - g) Evaluation of gait and its deviations
4. Recall the components of an initial history taking interview.
5. Justify the rationale for doing a history taking interview.
6. Explain the SOAP system of charting.
7. Organize statements into subjective and objective domains.
8. Integrate knowledge learned in Anatomy - 504-315A to identify potential patterns of muscle weakness.

The student will be able to perform the following skills:

1. Accurately demonstrate:
 - a) Palpation of bony and soft tissue landmark
 - b) Visual inspection
 - c) Manual muscle testing
 - d) Use of hand-held dynamometer

- e) Goniometry
 - f) Evaluation of sensory function
 - g) Evaluation of hand and finger strength
 - h) Evaluation of oedema
 - i) Evaluation of posture
 - j) Evaluation of gait and its deviations
 - k) Patterns of muscle weakness
2. Document the information obtained in the objective evaluation in SOAP format.
 3. Conduct an initial history taking interview.
 4. Document the information obtained in an initial history taking interview in SOAP format.
 5. Demonstrate safe and effective patient handling skills.
 6. Show respect for peers, self and faculty.
 7. Demonstrate the ability to establish rapport with simulated patients.
 8. Demonstrate a respect for the clinical involvement of other health professionals to avoid unnecessary duplication of services provided to the client.

Moreover the student will demonstrate the following learning behaviours:

1. Be prepared for each lab session.
2. Be punctual at all times.
3. Be able to accept constructive criticism.
4. Be able to identify concepts that are not understood and to formulate appropriate questions for clarification.
5. Formulate appropriate questions to clarify the above-mentioned concepts.
6. Be able to develop and maintain team/group building skills.

COURSE CONTENT

Learning activities have been organized using a regional approach which is complementary to the course ***Regional Anatomy of the Limbs and Back - 504-315A***.

REQUIRED DRESS FOR LABORATORY SESSIONS

- C Shorts and Shirts (females: halter-type or racer-back tops)
- C Name Tags (purchase to be organized by class)

REQUIRED REFERENCES *required in other course(s)

For palpation:

* Anatomy - 504-315A Textbooks and course material.

For goniometry and manual muscle testing:

Clarkson, H.M. (2000). *Musculoskeletal Assessment. Joint Range of Motion and Manual Muscle Strength*. (2nd edition). Lippincott Williams & Wilkins.

For selected topics:

Assessment in Rehabilitation I - 582-239A Course Pack.

RECOMMENDED REFERENCES

Magee, D.J. (1992). *Orthopedic Physical Assessment*. Philadelphia, W.B Saunders.
(Book is on reserve in the Health Sciences Library)

REQUIRED MATERIALS

Clinical Tools Kit (purchased in class during the first week, price to be announced)

Goniometers: 360°, 30 cm

180°, 15 cm

Finger

Tape measure

STUDENT EVALUATION

To be announced at the first day of class, but will include at least:

Written Midterm Examination 40% (Date to be announced)

Practical Final Examination 60% (In the final exam period)

N.B. The final practical exam must be passed with a C+ or better in order to pass the course and in order to be admitted to the first clinical placement (OT Clinical Affiliation I - 580-220B or PT Clinical Affiliation I - 581-220B).

582-248A - COMMUNICATION/PROFESSIONALISM

Credits: 2

Lecturers: **Part A:** E. Aston-McCrimmon (Coordinator), S. Grant, N. Korner-Bitensky
Part B: N. Larivière (Coordinator)

COURSE STRUCTURE

Two hours per week for thirteen weeks. The format will include lecture/seminar/class participation. This series will be given on Thursdays from 1:30 p.m. to 3:30 p.m. starting on September 6, 2001.

This course is divided into two parts: **Part A:** September 6 to 20, 2001
Part B: September 27 to November 29, 2001

Part A

Topics to be covered:

- The World Health Care Model: Health Impairment, Disability and Handicap
- An introduction to problem solving, case-based and evidence based practice modes
- An exploration of present available information systems used by Health Care practitioners

For Course Objectives please refer to Health Care And Professionalism 582-250B.

Part B

This section shall explore two integrated themes:

Theme 1: The fundamentals of communication

Theme 2: Psychosocial Issues in Health, Impairment, Disability and Handicap

COURSE OBJECTIVES

Rehabilitation services should provide competent and compassionate therapeutic interventions. Towards this aim, this course shall:

1. allow students to acquire the fundamental skills and strategies necessary for effective professional communication;
2. prepare students to deal with a number of psychosocial issues which have implications for impairment, disability and handicap, and an impact on rehabilitation and well-being.

REQUIRED TEXTS

Adler, R.B. and Rodman, G. (2000). *Understanding Human Communication*. (7th edition). Fort Worth, Texas, Brace Harcourt.

Course Pack.

EVALUATION

Part A: Computer based Assignment 10%

Due: no later than October 25, 2001

Part B: Multiple Choice Exam.

582-250B - HEALTH CARE AND PROFESSIONALISM

Credits: 2

Lecturers: L. Asseraf-Pasin (Coordinator), E. Aston-McCrimmon, A. Thomas, Guest Lecturers

COURSE STRUCTURE

This course will incorporate lectures/seminars/panel presentations and a research reading project to be done over 9 weeks for 2 to 3½ hours per week. *The first 2 sections of the Course Objectives will be covered in Communication/Professionalism 582-248A given in Term A.* *

OVERALL OBJECTIVES

Effective delivery of rehabilitation services requires that the entry level practitioner recognize and respond to the influence of social, cultural, economic, legislative and demographic factors impacting on health and rehabilitation service delivery, both locally and globally. This is a companion course with Communication/Professionalism 582-248A.

COURSE OBJECTIVES**I PROVINCIAL, NATIONAL AND INTERNATIONAL HEALTH CARE POLICY***** 1. World Health Environment**

- International health definitions and parameters including:
 - social, physical, cultural and spiritual context of health
 - World Health Organization (WHO) definition of health
 - WHO International Classification of Impairments, Disabilities and Handicaps
- Determinants of health
- Population/community health indicators and measurements used globally, health status and risk status factors
- Principles and methods of disease prevention and health promotion from a global perspective

*So that the graduate will have acquired the **Skills and Behaviours** to:*

- interpret and manage clinical issues with a broad understanding of external factors which influence health and social status;
- incorporate international health perspectives and experience within evidence-based practice.

*** 2. Information Systems**

- Introduction to concepts of life long, self-directed, evidence based and distance learning.
- Orientation to available learning resources and Health Information Systems ie. library resources, CD ROMS, Internet.

*So that the graduate will have acquired the **Skills and Behaviours** to:*

- be able to access, interpret and use data and information acquired from a variety of sources for evidence-based practice and research;
- keep abreast of and be able to adapt to changing and developing information systems as they relate to Health Care Policy, Systems and Delivery.

3. Canadian and Quebec Health Care Systems

- Health and social service legislation/policy including:
 - Canada Health Act
 - Relevant federal/provincial legislation
- Relevant health and social service organizations which influence and/or assist the delivery of health and social services
- Funding mechanisms (public and private) which will support health and social service needs, goals and/or research for individuals and groups
- Provincial licensing regulations re practitioners, practices, institutions
- Consent to treatment, power of attorney etc. as applied to persons with disabilities

*So that the graduate will have acquired the **Skills and Behaviours** to:*

- be sensitive to the impact of public policy (present and future) on rehabilitation services;
- be able to suggest strategies to influence public policy;
- optimize benefits for clients by judicious use of knowledge of policy, legislation and funding sources;
- be sensitive to ethical and legal considerations in health service delivery including rationing of health care.

II PROFESSIONALISM

1. Ethical Dimensions

The entry-level therapist has distinctive knowledge, skills and behaviours which characterizes her/him as a professional and which forms the basis for professional practice. The professional will have an understanding of the following concepts:

1. A scientific body of knowledge that forms the basis of evidence-based practice.
2. Independent practice is supported by autonomy, self-regulation and direct access.
3. Ethical behaviour based on a personal code of behaviour rules of conduct and values, legal requirements and a professional code of ethics.
4. Professional legal, regulatory status.
5. The variety of professional roles incorporated within professional practice include **traditional** and **innovative roles**:

from: Clinician, learner, entrepreneur, supervisor, delegator, leader, manager, consultant, educator, researcher

to: Negotiator, lobbyist, expert witness and change agent.

6. Scope of practice of Occupational Therapy, Physical Therapy and of other descriptions.
7. Professional Associations' roles and responsibilities including ways and means of influencing public policies.

*So that the graduate will demonstrate the **skills and behaviours** that promote:*

- the value of evidence-based practice and its acceptance as forming the cornerstone of all practice;
- respect of culture and ethics of particular groups or individuals;
- interactions with clients, colleagues, employers and others with emphasis on
 - accountability and responsibility
 - commitment
 - effective communication;
- respect of professional standards (standards of practice and clinical guidelines);
- identification with professional associations/affiliations;

- the qualities of:
 - appetite for life-long learning
 - thoughtful, reflective practice
 - ongoing self-evaluation
 - knowledge of limitations
 - ability to refer
 - assertiveness
 - effective communication skills (verbal, nonverbal, written)
 - critical thinking
 - effective
 - clinical decision making
 - critical analysis
 - ability to negotiate
 - ability to manage conflict
 - 'best practice' at all times, basing decisions and actions on **outcome measures**

2. Professional and Support based - Collaborative Team Relationships

Topics: Client-centred care

Multidisciplinary vs. Interdisciplinary vs. Pluridisciplinary

The team member attributes

Professional roles incorporated within professional practice

So that the graduate will have acquired the **skills and behaviours** to:

- involve the client in planning and managing rehabilitation therapy;
- facilitate the empowerment of clients by providing information and encouraging independence; involving self-help/advocacy resources as appropriate;
- promote effective team work;
- promote efficient collaboration between the different parties involved in the health care process;
- promote interactions with colleagues, clients, employers and others with emphasis on
 - accountability
 - commitment
 - effective communication.

REQUIRED TEXTS

Scott, R. (1998). *Professional Ethics: A Guide for Rehabilitation Professionals*. Mosby.

Parsons & Parsons. *Health Care Ethics*. Wall & Emerson Inc.

The Professional Code, Éditeur officielle du Québec.

RECOMMENDED TEXT

Bill 120, An Act Respecting Health Services and Social Services and Amending Various Legislation, Assented to 4 September 1991, Québec Official Publisher (1991).

Williams & Wilkins (1997). *Stedman's Concise Medical Dictionary for the Health Professional*, (3rd edition).

REFERENCE TEXTS

Rachlis, M. & Kushner, C. (1994). *Strong Medicine*. Harper Perennial, Harper Collins Publishers Ltd.

Purtilo, R. (1993). *Ethical Dimensions in the Health Professions*, (2nd edition). W.B. Saunders Co.

EVALUATION

Topics covered in this course form a framework for professional practice. Evaluation of the application of this material will be through further professional courses given over the next three years and in professional practice.

| | | |
|-------------------------|-----|------------------------------------|
| Research Health Project | 50% | (To be handed in by March 6, 2002) |
|-------------------------|-----|------------------------------------|

| | | |
|-------------------------|-----|--|
| Essay/Short-Answer Exam | 50% | (To be done during the March 11-15, 2002 Examination period) |
|-------------------------|-----|--|

582-260A - LIFE SPAN

Credits: 2

Lecturers: R. Birnbaum (Coordinator), Guest Lecturers

COURSE STRUCTURE

This is an interactive lecture course, 2 hours per week for Term A.

GOAL

This course will provide an overview of competency across performance domains through the life span.

LEARNING OUTCOMES

1. To appreciate that the life span is an ongoing developmental process involving both continuity and change, and is influenced by genetic and environmental factors.
2. To summarize different developmental events from the perspective of major developmental theories.
3. To be aware of neuromaturational and motor control theories of motor development.
4. To appreciate the sequence of development that occurs across sensory, cognitive/perceptual, physical/motor, play/leisure, language, and psychosocial domains from conception to death.
5. To characterize the unique changes associated with each stage of development.
6. To understand the influences of cultural background as well as family dynamics on development.
7. To appreciate major areas of controversy and new directions in the study of human development.
8. To begin to apply a self-directed approach to learning.

COURSE CONTENT

- Developmental theories and controversies
- Basic embryology and genetics
- Neonatal neurobehavioural performance
- Motor principles and theories
- Developmental competency in gross motor, fine motor, perceptual, cognitive, social, behavioural, play, daily living skills and language for the:
 - a) infant
 - b) preschooler
 - c) school age child
 - d) adolescent
- Family function and cultural background and their effects on development.

- Theories and developmental changes characteristic of the young adult and during the middle years.
- Physiologic, psychosocial, and cognitive changes associated with aging.
- Changing roles and activities in the elderly.
- Death and dying.

REQUIRED TEXT

Berger, K.S. (1997). *The developing person through the life span*. New York, Worth Publishers.

EVALUATION

| | |
|---------------------|-----|
| Child Observation | 30% |
| Midterm Examination | 30% |
| Final Examination | 40% |

580-220B - CLINICAL AFFILIATION I

Credits: 0

Coordinator: C. Storr, Academic Coordinator of Clinical Education
A. Thomas, Assistant Academic Coordinator of Clinical Education

COURSE STRUCTURE

This series of courses, of which there are five, commences in UI and continues at set intervals throughout the three years of the program. Fieldwork placements will be arranged with McGill affiliated facilities. At times students may request fieldwork outside of the Montréal region (these regions may also include the US and overseas). The Occupational Therapy Program has developed specific guidelines pertaining to international and CAOT (Canadian Association of Occupational Therapists) placements. Please refer to page 21 for further details.

Both traditional and non-traditional fieldwork placements will be used. The latter will consist of facilities/agencies/programs which do not employ an occupational therapist directly on site.

Supervision will be provided by occupational therapists who work in various settings, depending on the type of placement offered. The type of supervision will be commensurate with the student's level of training and previous fieldwork experience.

Every effort will be made to place students in the Montréal region unless otherwise requested. When students are placed in out-of-town facilities, travel and accommodation are the student's responsibility.

This course is structured as follows:

- I Principles For Moving Patients Safely Workshop (PDSB)**
- II Clinical Affiliation Seminars**
- III Traditional Fieldwork Placements**
- IV Non-Traditional Fieldwork Placements**

I PRINCIPLES FOR MOVING PATIENTS SAFELY (PDSB) WORKSHOP

This is a compulsory 1-day weekend workshop scheduled in Term A. There is a lab fee charged.

REQUIRED TEXT

Principles for moving patients safely. ASSTSAS 1999.
This text is required for workshop participation and a reference for all clinical affiliations.

II CLINICAL AFFILIATION SEMINARS

Prior to the first affiliation, in Term B, U1 students will participate in a series of seminars which will cover topics related to occupational therapy fieldwork.

STRUCTURE

There will be six one and a half hours seminars where students are divided in two groups. There is one instructor per group.

LEARNING OUTCOMES

1. To become familiar with first year clinical affiliation objectives (traditional fieldwork placements);
2. To use the evaluation forms which assess the student's clinical performance and experience;
3. To differentiate between the role of the student and that of the supervisor;
4. To suggest methods of improving feedback effectiveness;
5. To suggest several management approaches of difficult situations (e.g. aggressive patients);
6. To introduce the use of WebCT as a tool for cooperative peer learning.
7. To become familiar with the different learning strategies and learning styles which affect performance in fieldwork.

COURSE CONTENT

- C Introduction to fieldwork
- C Basics re: rotations, evaluation forms
- C Learning objectives/learning contracts
- C Students' evaluation of the clinical education experience
- C International placements/Non-Traditional placements/CAOT placements
- C Feedback
- C Clinical profile
- C Professional behaviour

EVALUATION

Attendance will be compulsory and a participation mark is given.

III TRADITIONAL FIELDWORK PLACEMENTS

CLINICAL AFFILIATION I: Introduction to Occupational Therapy Services (Educating: Level I)

LEARNING OUTCOMES

1. To introduce the student to occupational therapy fieldwork.
2. To allow the student to observe the clinical manifestations of physical and/or psychiatric conditions.
3. To allow the student to observe the role of the occupational therapist.

4. To familiarize the student with equipment, materials and treatment techniques used in occupational therapy.
5. To allow the student to observe and where educational level permits, to perform under supervision, assessments, treatments and reporting procedures.
6. To give the student the opportunity to interact with patients, occupational therapists and other members of the health care team.
7. To give the student the opportunity to attend teaching rounds and in-service education in various fieldwork settings.

EVALUATION

The Competency Based Fieldwork Evaluation (CBFE) is used to evaluate students' performance. Although each supervising therapist evaluates students' performance, it is the ACCE who assigns the letter grade. The CBFE form and manual in English and French can be found in the Appendix. Please read the manual carefully.

CANADIAN ASSOCIATION OF OCCUPATIONAL THERAPY PLACEMENTS

Students who are interested in doing their first clinical placement in another province may do so by applying to the Canadian Association of Occupational Therapists (CAOT). This application process is organized by the ACCE, who will notify students of the application deadlines in the Fall of Term A. The cost for this application is \$45. This fee is non-refundable.

Acceptance to a CAOT placement depends on the availabilities of the facilities in the different provinces.

INTERNATIONAL PLACEMENTS

POLICY

Eligibility Criteria

1. To be considered for a placement outside Canada, students must be approved by the Academic Coordinator of Clinical Education. Prior to making a recommendation, the Clinical Coordinator will require the student to demonstrate the following criteria:
 - a) The student must have maintained a minimum academic standing of a **GPA of 3.5** and have progressed through the program with no conditions.
 - b) The student must maintain a B+ (75-79%) standing in each of their fieldwork placements prior to the international placement.
 - c) The student must demonstrate strong interpersonal skills, including tact and diplomacy, and well developed judgement skills as documented on previous performance evaluations (Competency Based Fieldwork Evaluation (CBFE)).
2. The student applying for an international placement shall agree to accept responsibility for:
 - a) Cost of medical coverage (student already has access to some medical coverage, as a result of the fee paid to Student's Society).

- b) Obtaining a visa (this includes obtaining information from specific embassy/consulate re: if a specific student visa is required, if a letter from fieldwork coordinator and/or letter from facility re: purpose of stay is needed).
- c) Accommodation (at times, the clinical coordinator/immediate supervisor may be willing to assist in this area, but this cannot be counted on at all times, therefore the student is responsible for finding accommodation and assuming all costs. Often, embassies/consulates or tourism boards can help in this area).
- d) Travel (confirmation of airplane tickets should only be carried out once the fieldwork coordinator has confirmed the international placement). The student is responsible for all travel costs at all times. Travel arrangements cannot conflict with examination period.
- e) Cost of supervision in countries where there is a fee for supervision (at times this is encountered; if it does happen, the student must be prepared to pay this extra fee. This is not the responsibility of the University.
- f) Malpractice Insurance (each student has coverage for contingent malpractice insurance; at times, this insurance is not considered sufficient enough by certain facilities; if that is the case, the student is responsible for the payment of any extra insurance coverage requested by the facility).

PROCEDURE

NOTE: All students will be given the guidelines for international placements during the Winter Term of first year. If a student is considering this option, he/she must initiate the request for an international placement with the Academic Coordinator of Clinical Education at least one year prior to the placement.

At least 12 months before the onset of the applicable fieldwork block, the student must request in writing, to the Academic Coordinator of Clinical Education, his/her wish to complete a fieldwork placement outside of Canada. Exact date deadlines for international placement applications will be announced during the Winter Term of first year.

The letter should state:

1. the country of desired destination, indicating an awareness of cultural, gender and social differences and environment;
2. why the student would like to do an international placement in that country;
3. the requested placement session for completing this experience.

International placements are a privilege and are subject to the approval of the Clinical Coordinator/Occupational Therapy Faculty. The student shall obtain a letter of reference from one fieldwork supervisor and one faculty member to support the application to participate in an out-of-country placement. These letters of reference must be forwarded directly to Academic Coordinator of Clinical Education (ACCE).

Once all the documentation is submitted, the ACCE will assess the suitability of the request based on the above criteria. If there is a need, the ACCE has the right to call upon the Occupational Therapy Faculty to assess the student's eligibility for an international placement.

The student will then be advised in writing, by the ACCE, whether he/she has been granted approval for an international placement.

RESTRICTIONS

The student will be granted one international placement per academic year, in U2 and U3 respectively, for a maximum of two placements, with the following restrictions:

1. The countries chosen must be members of the World Federation of Occupational Therapy. The School reserves the right to approve the qualifications of the supervising therapist.
2. The School will develop a maximum of five new international placements per year and the rest must be selected from the list of approved international placements.
3. The School reserves the right to limit the total number of international placements organized per year.
4. Students may apply for a maximum of two international placements, overall, in the following combination:
 - (a) one in the US and one overseas; or
 - (b) two in the USBoth placements cannot be overseas.
5. A second international placement may be undertaken only if the student has performed satisfactorily in the first international placement.
6. The first opportunity for a student to do an international placement will be in the summer clinical term following U2 in Clinical Affiliation III (580-321C). This will be scheduled in either the second or third block of U2 summer clinical affiliations.
7. The international placement is contingent on maintaining academic and clinical standings prior to departure. Should these conditions not be met, the ACCE reserves the right to cancel the international placement and to reassign the student locally.

RESPONSIBILITIES

Student:

The student will:

1. Commit to the placement through a letter of intent outlining the request.
2. The student will have accepted responsibility for the following:
 - a) Cost of medical coverage
 - b) Obtaining a visa
 - c) Accommodation
 - d) Travel
 - e) Cost of supervision in countries where there is a fee for supervision
 - f) Malpractice Insurance
 - g) Cost for any cancellation

The fee paid by the student to the Student's Society, annually, provides medical coverage; it is the student's responsibility to inquire if coverage is sufficient for travelling to the country in question.

McGill University will also provide for worker's compensation, so in the case of a work-related accident, there is full coverage, no matter where the placement will take place (procedure to follow in the event of an accident will be made available to the student).

McGill University also provides contingent malpractice insurance. In the event that this insurance is deemed insufficient by the facility, it is the student's responsibility to purchase additional coverage.

Be responsible with permission of the ACCE for writing a letter to the Field Coordinator requesting placement in one of their affiliated facilities.

3. Write a letter of introduction to the National Occupational Therapy Association of the country or write to the coordinator of the school or facility requesting permission for a placement in which he/she wishes to complete his/her fieldwork. The following should be included in the letter:
 - a) Permission has been granted from McGill University - Occupational Therapy Program to investigate the possibility of completing fieldwork in that country.
 - b) Reasons for seeking fieldwork in that country.
 - c) Dates and length of placement.
 - d) A request for a list of universities or facilities to contact for fieldwork opportunities.
4. Be responsible for timely fulfilment of all requirements necessary for entry into that country i.e. student visa (if required), medical preparation (i.e. immunization/vaccination) and coverage, financial obligations (i.e. travel and accommodations arrangements, coverage of extra malpractice insurance (if required)).
5. Be knowledgeable in the language of origin of the country he/she has selected.
6. Provide the Academic Coordinator of Clinical Education with copies of correspondence between student and facility offering the placement. The student should not call or write to the facility without prior permission from the ACCE.
7. Continue correspondence with the National Association, university or facility to ensure requirements of the facility and McGill University - Occupational Therapy Fieldwork Program are met.
8. Begin fieldwork.
9. Agree to complete the Student Evaluation of Placement Form, as well as any addendum specific to international placements and ensure that the CBE are completed at the Mid-Term and Final. At the end of the placement the student must submit a completed copy of the CBE to the ACCE.

A representative from the fieldwork facility and/or the student will contact the Academic Coordinator of Clinical Education or the Associate Director of the Occupational Therapy Program if specific concerns arise during the placement.

Fieldwork Facility:

The fieldwork facility will:

1. Provide the following information in writing, in order to meet the fieldwork site approval criteria:
 - a) Documents required as per institution guidelines.
 - b) An abbreviated résumé of the supervising therapist(s)

The above must be forwarded to : Academic Coordinator of Clinical Education
Occupational Therapy Program
School of Physical & Occupational Therapy
McGill University
3654 Promenade-Sir-William-Osler
Montréal, Québec
Canada H3G 1Y5
Telephone: (514) 398-6561 / Fax: (514) 398-6360

2. Ensure that the Coordinator of Occupational Therapy Services/Occupational Therapy Clinical Supervisor at the Facility will agree to complete McGill University - School of Physical & Occupational Therapy Fieldwork Evaluation Forms.
3. Sign a cooperation agreement between McGill University and the Facility, prior to the commencement of the clinical placement and define a contingency plan within the facility or another agency in case of cancellation of the rotation.
4. Commit to placement (specific dates to be determined and approved by both Academic Coordinator of Clinical Education and Supervising Occupational Therapist) in writing.
5. Ensure that the Occupation Therapist who will be supervising the student will have knowledge of the English or French language (oral and written, in order to be able to communicate with the Academic Coordinator of Clinical Education).

Academic Coordinator of Clinical Education:

The Academic Coordinator of Clinical Education (ACCE) will:

1. Review the student's application and will approve the request based on established Eligibility Criteria (see - page 21).
2. Request an abbreviated résumé for the Occupational Therapy Department and the potential supervising therapist, including educational background and years of experience directly supervising students. Please note that in order to supervise a student, the therapist must have had at least one year of clinical experience and must be certified/registered according to the standards of the host country.
3. Ensure that two copies of an affiliation contract have been forwarded and returned signed by the receiving Facility, upon receipt of documentation fulfilling requirements of Occupational Therapy Fieldwork Education Site Approval Guidelines.
4. Forward to the Facility:
 - a) a letter of confirmation for the placement
 - b) a copy of the affiliation agreement signed by all parties (student(s), Facility and McGill University)
 - c) an outline of the curriculum
 - d) School of Physical & Occupational Therapy Course Guide(s)
 - e) expectations for student performance/fieldwork objectives
 - f) policies related to:
 - i. student assignments in clinical settings
 - ii. time loss
 - iii. failure during a placement
 - iv. Student Performance Report Form

- v. Student Evaluation of Placement Form
- 5. Notify student to finalize travel and accommodation arrangements.
- 6. Provide resource material for supervisor (when necessary) which will be delivered by the student.
- 7. Initiate contact with facility via phone or Fax or E-mail at midterm in order to obtain feedback re: progress in placement, as well as at the end of placement.

INTERNATIONAL PLACEMENTS SCHEDULE

Winter Term (U1): reminder to students of deadline for applying for international placements and orientation and introduction to International Placements (hand out guidelines)

Integration Block (U1): deadline for initiating request for an international placement in second year

Requests after this period will not be considered

| RESPONSIBILITIES OF STUDENT | SUGGESTED TARGET DATES |
|---|---|
| Request the international placement (or Item # 1) | 12 months prior to placement. Student must respect deadline provided by the ACCE. |
| Accept responsibility for <u>all</u> items mentioned in #2 (or Item 2) | Immediately upon acceptance of placement by ACCE |
| Find the placement/facility and/or select from list of available placements and write a letter requesting a placement (or Item 3) | Immediately upon being granted approval for the placement by the ACCE |
| Be responsible for all requirements for entry into the country of choice (or Item 4) | ongoing |
| Keep ACCE informed of all communications and/or provide copies of correspondence with the facility (or Item 6) | ongoing |
| Continue correspondence with the facility and the University in order to ensure that all requirements are met (or Item 7) | ongoing |
| Must <u>consider</u> a contingency plan (placement in Quebec or outside Quebec) if the international placement is cancelled | ongoing |
| Agree to complete student evaluation of placement and ensure that CBFE are completed at Mid-Term and Final | end of placement |

IV NON-TRADITIONAL FIELDWORK PLACEMENTS

These placements are available to second and third year students. Further details on learning objectives and evaluation methods are to be found in the U2 Occupational Therapy Course Guide on page 16.

SCHEDULE

The Occupational Therapy Program is made up of 105 credits of academic and clinical courses given over three years in seven semesters. The five Clinical Affiliation courses make up over 1000 hours of clinical practice and have a course value of 18 credits. These clinical affiliations start in Term B of Year one, incorporate a summer semester of 12 weeks between Year two and three and finish with a winter block in Year three.

Schedule of Dates for the Clinical Placements for Students Entering the 2001-2002 Occupational Therapy Program

| | | | |
|---|-----------------|----------------|------------------|
| 2001-2002 Winter Term (March 18 - April 26, 2002) | 580-220B | 6 weeks | 0 credit |
| 2002-2003 Summer Term (May, June, July 2003) | 580-320C | 6 weeks | 6 credits |
| 2002-2003 Summer Term (June, July, August 2003) | 580-321C | 6 weeks | 6 credits |
| 2003-2004 Fall Term (November - December, 2003) | 580-420A | 5 weeks | 3 credits |
| 2003-2004 Winter Term (January - February 2004) | 580-422B | 5 weeks | 3 credits |

FIELDWORK POLICIES

Academic Advancement

See section 4.4 Academic Advancement in the Health Sciences Calendar, page 83.

Failure Policy

Clinical Affiliation I (580-220B) is a pass or fail course. Students must pass *Occupation as Therapy (580-235A)* in order to advance into *Clinical Affiliation I (580-220B)*. Students must pass all required courses preceding any fieldwork placement associated with those courses. If a student fails a clinical placement, one supplemental clinical placement is allowed. If the repeated placement or any subsequent placement is failed, the student will be asked to withdraw from the program. The repeated placement will be arranged at the discretion of the ACCE. Satisfactory standing in all required professional courses and clinical placements are mandatory to be able to continue in the program. If a student fails *Clinical Affiliation I (580-220B)*, permission to complete the Integration Block of OT Practice I: Musculoskeletal Conditions (580-236B) must be granted by the Occupational Therapy Promotions Committee.

Student Attendance Policy

Students are allowed one day of absence for health reasons only in each fieldwork placement. If this is exceeded, the student must make up the time missed.

If the supervisor is absent, he/she must arrange for the student's supervision by another therapist. If the supervisor is a sole/charge therapist, alternative arrangements are made between the ACCE and the supervisor to find a solution.

Immunization

Before entering the first clinical placement: All students must ensure that their immunization records are complete and show supporting documentation to McGill Student Health Services. McGill Student Health Services maintains an active record list that may be requested by facilities. It is the student's responsibility to request these records from health services and bring them to each clinical placement.

Failure to complete the required immunization before the Clinical Periods: This may result in a student's non-admission to a clinical facility and subsequent inability to complete the clinical placement. This policy applies to all placements including international and CAOT placements.

Cardiopulmonary resuscitation

Before entering the first clinical placement: It is compulsory that all students have a valid up-to-date CPR certificate. This certification must be maintained over the three years of the program. Without a valid up-to-date CPR certificate, the student will not be permitted to enter the clinical setting. The student is required to present a copy of the certification to the Academic Clinical Coordinator, C. Storr, on the first day of January seminars in the first year of the UI program.

Safety

In order to ensure the safety of patients/clients at all times, each student is responsible for completing a training course, which will focus on transferring principles and techniques. Details concerning this training course will be provided at the beginning of Term A and are outlined under Course Structure. The cost per student is approximately \$25.

FIELDWORK RESPONSIBILITIES

A. Clinical supervising therapist

1. To orient the student to the physical layout of the facility, to the Occupational Therapy Department/service (if applicable), to staff, patient case load and assessment/intervention orientation as well as available learning resources such as the library, ward rounds, etc.
2. To review the fieldwork information packages sent by the ACCE before the student's arrival in order to plan for the fieldwork placement.
3. To review with the student the plan set out for the fieldwork placement, as well as clarify the student's expectations, preferably within two working days of the student's arrival.
4. To provide the student with learning opportunities commensurate with fieldwork objectives.
5. To provide students with on-going feedback of their performance and provide suggestions for improving that performance if necessary.
6. To monitor student practice as necessary, depending on whether or not the student is inexperienced or experienced, by:
 - a) checking assessments the student proposes to use;
 - b) checking proposed treatment programs;
 - c) checking written reports;

- d) supervising student practice appropriate to the student's level of experience;
 - e) being available for discussions with the students.
7. To complete and present to the student a mid-term and a final evaluation, as fairly and objectively as possible, using the evaluation forms provided by the ACCE.
 8. To return the completed evaluation to the ACCE within requested time lines.

B. Student

1. To behave professionally at all times, i.e., not only in respect to appearance, punctuality, and acceptance of appropriate responsibility, but also in observation of professional ethics and the patient's right to confidentiality.
2. To strive to reach a satisfactory level of professional competence in assessment, program planning, treatment, and report-writing.
3. **To be aware that each fieldwork placement is a gift for learning donated by the facility involved and that the primary function of each facility is to serve its clients or patients. It must be realized that facilities offering specific rotations are subject to last minute change.**
4. To contact the clinical supervisor a minimum of **two weeks** prior to the starting date of the placement by writing a letter of introduction to confirm time and place of arrival.

C. Academic Coordinator of Clinical Education

1. To contact facilities prior to assigning students to a facility.
2. To develop students' clinical profile by assigning students to facilities.
3. To send the evaluations and other course material to the facility prior to the student's arrival.
4. To contact facilities while the student is completing his/her fieldwork placement, so as to receive feedback on his/her performance, as well as answer any queries from the fieldwork supervisor.
5. To mark the evaluation forms upon their return to the School, and if needed, to inform facilities of the results of their evaluation of the student.
6. To ensure students fill out facility evaluation forms so that this information can be used to provide facilities with timely constructive feedback.
7. To respond appropriately to concerns or requests made by a facility.
8. To provide on-going support/training to fieldwork supervisors, both on-site and off-site.
9. To review each fieldwork placement with the student and if necessary, develop learning objectives for improved performance at the next placement.
10. To be available for counselling to students who are experiencing difficulties in their clinical placements.
11. To ensure that all fieldwork records are kept up to date.

580-235A - OCCUPATION AS THERAPY

Credits: 3

Lecturers: E. Gisel (Coordinator), C. Perlman

COURSE STRUCTURE

One 2-hour lecture per week, and unless otherwise indicated, one 2-hour lab per week. There will be 4 seminars of 2 hours each during the semester. A Web based lab module allows students further practice.

LEARNING OUTCOMES

On completion of this course the student will be expected to:

1. analyse activities and prepare them for teaching in appropriate steps;
2. define the philosophy and definitions of occupational therapy, occupational performance, occupational science;
3. define different frameworks and models of practice: traditional, occupational performance (Canadian) human occupation;
4. define occupational performance in terms of work productivity, self-care and leisure;
5. apply analysis of purposeful activities in relation to frameworks and models of practice;
6. recognize and demonstrate the teaching and learning components of purposeful activities using appropriate steps;
7. incorporate physical, cognitive, social and emotional parameters into activity analysis;
8. incorporate interests, values and motivation into activity analysis;
9. describe the development and significance of roles and habits in an individual;
10. incorporate the environment and describe its influence on the activity process;
11. use occupational therapy media and apply them to models of practice.

COURSE CONTENT

Introduction to models of human occupation. Orientation to the analysis of a variety of occupational skills in the context of these models. The adaptation and modification of these skills for therapeutic purposes will be studied.

****This course is a pre-requisite to 580-220B (Clinical Affiliation I) given in Term B.***

REQUIRED TEXTS

CAOT Publications ACE. (1997). *Canadian Occupational Performance Measure and Evaluation Forms*.

Enabling Occupation: An Occupational Therapy Perspective CAOT 1997.

Selected Readings (workbook).

RECOMMENDED TEXT

Leary, S.H. (1994). *Activities for Personal Growth*. Philadelphia, MacLennan & Petty.

EVALUATION

| | |
|-----------------------------------|-----|
| Midterm Examination | 30% |
| Final Examination | 30% |
| Project | 30% |
| Completion of two Web assignments | 10% |

580-236B - OT PRACTICE I: MUSCULOSKELETAL CONDITIONS**Credits:** 4**Lecturers:** B. Nedelec, S. Beaulieu, S. Fucile, Occupational Therapy Faculty
J.P. Dumas, Physical Therapy Faculty**COURSE STRUCTURE**

This course is comprised of 4 sections:

Section A: Conditions, Pathology, Histology and Pharmacology

Section B: Introduction to Splinting

Section C: Occupational Therapy Applied

Section D: Integration Block

This course includes the four sections to provide the students with a continuum of teaching style ranging from didactic to active engagement in clinical skills within the context of a multidisciplinary team approach. This format will facilitate the development of students' ability to integrate theory with clinical practice, demonstrate clinical reasoning within the educational setting and provide an environment where students can gradually develop self-directed learning behaviours.

SECTION A: CONDITIONS, PATHOLOGY, HISTOLOGY AND PHARMACOLOGY**Lecturers:** S. Fucile (Co-coordinator), J.P. Dumas (Co-coordinator)**COURSE STRUCTURE**

Conditions: Fourteen 1½ -hour lectures

Histology: Three 2-hour lectures

Pathology: One 2-hour lecture

Pharmacy: One 2-hour lecture

Wound Healing: One 2-hour lecture

LEARNING OUTCOMES

On completion of this course, the student will be able to:

1. describe the disorders of the musculoskeletal system, in terms of etiology, pathology and signs and symptoms of various orthopaedic conditions.
2. describe the structure of normal tissue in the musculoskeletal system, and the basic pathological changes that occur in orthopaedic conditions.
3. identify and describe the basic actions of pharmaceutical agents used in the treatment of orthopaedic conditions, be aware of their implications to therapeutic intervention and have obtained the skills for self-directed exploration of those pharmaceutical agents which are encountered in clinical practice.
4. demonstrate that reading material is prepared prior to attending the corresponding lectures.

COURSE CONTENT

These lectures will cover the cellular composition of body tissues and their response to injury, as well as the diseases' processes in various musculoskeletal conditions.

This course follows a guest lecturer format, whereby physicians and clinicians present on a variety of orthopaedic conditions, as well as on the topics of pathology, histology, wound healing and pharmacology.

REQUIRED TEXTS

Steinberg, G.G., Akins, C.M. and Baran, D.T. (1999). *Orthopaedics in Primary Care*, (3rd edition). Published by Lippincott, Williams and Wilkins.

Readings for Rheumatology lectures will be assigned from the Arthritis Canada web site address: <http://www.arthritis.ca/new.html>.

RECOMMENDED TEXT

Salter, R.B. (1999). *Textbook of Disorders and Injuries of the Musculoskeletal System*. (3rd edition). Baltimore, Maryland, Williams and Wilkins.

SECTION B: INTRODUCTION TO SPLINTING

Lecturer: B. Nedelec (Coordinator), S. Fucile

COURSE STRUCTURE

This course will consist of 6 hours theory and 12 hours practical laboratory sessions.

OBJECTIVES

On completion of this course, the student is expected to:

1. understand the principles involved in the therapeutic application of static and dynamic splints.
2. understand the properties of different low temperature, thermoplastic materials.
3. demonstrate the use of patterns, the construction and adjustments of the splint, with consideration given to anatomy, pathology, biomechanics, functional implications, goals of the splint and patient needs.

COURSE CONTENT

1. Theory:
 - S definitions and terminology of splinting
 - S the occupational therapist's role in splinting
 - S rationale for splinting

- S** review of normal mechanics of the hand
- S** optimizing occupational performance through splinting
- S** mechanical principles
- S** assessment and splinting
- S** properties of splinting materials
- S** design, construction and fit principles
- S** evaluation of splints

2. Labs

REQUIRED TEXTS

McKee, P and Morgan, L. (1998). *Orthotics in Rehabilitation: Splinting the Hand and Body*. F. A. Davis Company, Philadelphia.

Course Pack.

SECTION C: OCCUPATIONAL THERAPY APPLIED

Lecturers: B. Nedelec (Coordinator), S. Fucile, Guest Lecturers

COURSE STRUCTURE

This course will consist of 2 ½ hours of lecture and 2 ½ hours of seminar per week for a period of 10 weeks.

OBJECTIVES

On completion of this course, the student will be able to:

1. describe the impact of various musculoskeletal conditions on occupational performance.
2. assess the performance components and environmental conditions which are limiting optimal occupational performance in musculoskeletal case studies.
3. apply the biomechanical approach and basic framework to the establishment of long and short term goals and to the treatment of individuals with musculoskeletal injuries and illnesses, e.g. peripheral nerve injuries, hand injuries, rheumatoid arthritis, back injuries, fractures and joint replacements.
4. discuss the role of occupational therapy for given case studies across the life span.

COURSE CONTENT

1. Introduction to treatment

Introduction to the biomechanical and rehabilitative approach to occupational therapy; activities, modalities and exercise.

2. Goal Setting

The identification of occupational performance issues and the occupational performance components and environmental conditions which are contributing to them, in musculoskeletal conditions. Setting of long and short term goals are reviewed using a case-based approach. Formulation of realistic, understandable, measurable, behavioural and achievable short term goals are reinforced.

3. General Principles of Treatment

The treatment of occupational performance issues as it applies to musculoskeletal conditions will be discussed including the treatment of decreased strength, decreased ROM, edema, sensory loss, impaired fine motor coordination, and decreased endurance.

4. Expert Inquiry Sessions and Application Through Case Studies

Clinical experts will review the basis for occupational therapy treatment of the following musculoskeletal conditions and integrate the application of these treatment processes through case studies.

- a) Splinting and typical complications of fractures.
- b) Treatment; shoulder, elbow and wrist.
- c) Treatment and splinting for tendons injuries in hand. Duran and Kleinert methods will be taught and compared.
- d) Occupational Therapy interventions for Peripheral Nerve injuries will be discussed, including: splinting, patient education, sensory re-education, de-sensitization, ADL.
- e) Arthritic conditions across the life span.
Rheumatoid Arthritis; OT interventions.
Systemic joint diseases versus orthopaedic joint disorders.
- f) Orthopaedic OT applied to Pediatrics.
- g) Back Care theory and practice.
- h) Lower extremities.
Treatment of hips conditions, assistive technology.
Foot care and footwear.

SEMINARS

The lectures will be followed by a working seminar. The seminar will consist of:

- a) treatment planning using a case-based approach.
- b) short and long term goals using a case-based approach.
- c) hands on practicals of related techniques.
- d) exploration of therapeutic use of activities.
- e) discussion of evidence-based practice.

L Attendance during the seminars is mandatory.

Pre-lecture preparation

Students will be expected to prepare prior to the lecture. Assigned readings and focus questions will be provided for the lectures. When students are not attending seminars this time should be used to prepare for the next class.

REQUIRED TEXT

Trombly, C. (Ed.) (1995). *Occupational Therapy for Physical Dysfunction*, (4th edition). Baltimore, Williams & Wilkins. *(Also required for OT Practice II: Neurological Conditions - Part I 580-335A, OT Practice II: Neurological Conditions - Part II 580-336B and Strategies For Independent Living 580-339B)*

Course Pack.

SECTION D: INTEGRATION BLOCK

Lecturers: S. Beaulieu (Co-coordinator), J.P. Dumas (Co-coordinator), S. Fucile, E. Aston-McCrimmon

COURSE STRUCTURE

This course will consist of 3½ hours of seminar, 3 days per week for a period of 3 weeks.

OVERALL OBJECTIVE

Occupational and physical therapy students will work together to apply knowledge acquired in musculoskeletal courses to manage client cases.

COURSE OBJECTIVES

At the end of this course, the student will:

- demonstrate the use of the client-centred approach in case managements.
- demonstrate communication skills required for taking a history, assessing and treating clients (for example, instructing patients). They will be attentive to clients, and they will demonstrate empathy and interest when interacting with them (in addition see History Taking Checklist handout provided in Assessment in Rehabilitation I).
- identify the other allied health professionals involved in a client's care.
- summarize and prioritize aspects of a case (for example, medical history), eliminating duplication, minimizing overlap and favouring complementarity.
- report verbally, clearly and coherently, the various aspects of the client's case, all the while maintaining a professional demeanour.
- identify the strengths and weaknesses of group reports given by fellow students and by themselves.

COURSE EVALUATION**Section A**

| | |
|--------------|-----|
| Midterm Quiz | 5% |
| Final Exam | 15% |

Section B

| | |
|-----------------------------------|-----|
| Lab Report | 10% |
| Peer evaluation and participation | 5% |
| Final Examination | 15% |

Section C

| | |
|---|-----|
| Case-assignment and participation | 5% |
| Examination: short answer and multiple choice | 25% |

Section D

TBA

| | |
|--|-----|
| In Occupational Therapy: 580-236B OT Practice I: Musculoskeletal | 20% |
| In Physical Therapy: 581-236B Movement I: Musculoskeletal | |

| | |
|--------------|------------|
| TOTAL | <hr/> 100% |
|--------------|------------|

580-240B - ASSESSMENT OF PERFORMANCE I

Credits: 2

Lecturers: S. Everitt, Guest Lecturers, T.A.

COURSE STRUCTURE

Four hours per week for 9 weeks: two hours lecture, two hours laboratory. Instructor and student-directed learning.

COURSE TOPICS

Section A INTRODUCTION TO ASSESSMENT.

- C Psychometric properties of assessments
- C Purpose of assessment
- C Selection of assessment instruments

Section B ASSESSMENT OF MUSCULOSKELETAL CONDITIONS

- C Assessment of back function
- C Assessment of hand function
- C Assessment of elbow and shoulder function

Section C ASSESSMENT OF MOTOR DEVELOPMENT IN CHILDREN

- C Introduction to developmental assessment batteries
- C Tests of motor proficiency and visual-motor integration

Section D ASSESSMENT OF TIME MANAGEMENT AND OCCUPATIONAL PERFORMANCE

- C Client-completed checklists and questionnaires
- C Interview scales

Section E ASSESSMENT OF ACTIVITIES OF DAILY LIVING/SELF CARE

- C Assessment of functional independence
- C Assessment of the environment
- C Assessment of burden of care

OBJECTIVES

On completion of the course the student will:

1. have an awareness of commonly used assessment tools related to occupational performance in children, adult and elderly populations;
2. be able to critically evaluate an assessment tool;

3. be able to select an appropriate assessment tool consistent with a client-centered approach to therapy.

COURSE OUTLINE

The course outline will be handed out at the first class.

REQUIRED TEXTS

These texts will also be required for Assessment of Performance II (580-340a)

Neistadt, M.E . (2000). Occupational Therapy Evaluation for Adults: A Pocket Guide. Baltimore, Maryland: Lippincott Williams & Wilkins.

King-Thomas, L., & Hacker, B.J. (Eds.). (1987). A Therapist's Guide to Pediatric Assessment. Boston, Mass.: Little, Brown & Co.

COURSE EVALUATION

| | |
|--|-----|
| Two laboratory presentations and hand-outs: 20% each: Total: | 40% |
| Take-home examination: | 60% |