



## School of Physical and Occupational Therapy

### b.sc. OCCUPATIONAL THERAPY U1

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S.E., K.B./revised June 2003

**McGILL UNIVERSITY**  
**School of Physical and Occupational Therapy**

### **B.Sc. OCCUPATIONAL THERAPY U1 CURRICULUM**

#### **OVERALL COURSE STRUCTURE**

- Ø Important Dates B.Sc. Occupational Therapy U1
- Ø Curriculum Plan B.Sc. Occupational Therapy 2003-2004

Ø List of required courses for B.Sc (OT) & B.Sc. (PT)

## PROFESSIONAL COURSE DESCRIPTIONS

Ø COMBINED PHYSICAL & OCCUPATIONAL THERAPY COURSE

POTH-222 KINESIOLOGY  
POTH-239 ASSESSMENT IN REHABILITATION I  
POTH-248 COMMUNICATION/PROFESSIONALISM  
POTH-250 HEALTH CARE AND PROFESSIONALISM  
POTH-260 LIFE SPAN  
ANAT-315 REGIONAL ANATOMY OF THE LIMBS & BACK

Ø OCCUPATIONAL THERAPY

OCC1-220 CLINICAL AFFILIATION I  
- Guidelines for International Placements  
  
OCC1-235 OCCUPATION AS THERAPY  
OCC1-236 OT PRACTICE I: MUSCULOSKELETAL  
OCC1-240 ASSESSMENT OF PERFORMANCE I

## B.Sc. OCCUPATIONAL THERAPY U1 IMPORTANT DATES

FALL TERM:	Registration Period	Aug. 5 to Sept. 3, 2003
	Labour Day	Sept. 1, 2003
	Lectures Begin	Sept. 3, 2003
	Course Change deadline (drop/add period)	Aug. 5 to Sept. 14, 2003
	Thanksgiving Day	Oct. 13, 2003
	Last Day of Lectures	Dec. 3, 2003
	Examination Period	Dec. 5 to 19, 2003

**WINTER TERM:** Lectures Begin Jan. 5, 2004  
 Course Change (drop/add period) Aug 5, 2003 to Jan 18, 2004  
 Midterm Break - three days Feb. 25 to 27, 2004  
 Last Day of Lectures Mar. 5, 2004  
 Examination Period Mar. 8 to 19, 2004

**CLINICAL AFFILIATION I** Mar. 22 to Apr. 30, 2004  
 Easter Apr. 9 to 12, 2004  
*Integration Block* *Classes Reconvene* May 3, 2004  
 Victoria Day May 24, 2004  
*Integration Block* *Last Day of Lectures* May 21, 2004  
*Integration Block* *Examination Period* May 25 to 31, 2004

**U1 CURRICULUM PLAN 2003-2004 OCCUPATIONAL THERAPY PROGRAM**

**FALL TERM**

**WINTER TERM**

Academic Term (13 wks) + Exams (2 wks) = total 15 Wks

Academic Term (9 wks) + Exams (2 wks) + clinical affiliation (6 wks) + integration Block (3 wks) + Exams (1 wk) = Total 21 Weeks

Academic Term	Exams	Academic Term	Exams	Clinical Affiliation	Integration Block	Exams
Sept 3 to Dec 3	Dec 5 to 19	Jan 5 to Mar 5	Mar 8 to 19	Mar 22 to Apr 30	May 3, to 21	May 25 to 31
ANAT-315 ANATOMY 4cr		ANAT-316 ANATOMY 2cr		OCC1-220 CLINICAL AFFILIATION I 0cr	POTH-222 KINESIOLOGY 3cr	
PHGY-201 PHYSIOLOGY 3cr		PHGY-202 PHYSIOLOGY 3cr				
POTH-248 COMMUNICATION/PROFESSIONALISM 2cr		POTH-250 HEALTH CARE AND PROFESSIONALISM 2cr				
POTH-239 ASSESSMENT IN REHABILITATION I 2cr		OCC1-240 ASSESSMENT OF PERFORMANCE I 2cr			OCC1-236 OT PRACTICE I:	
POTH-260 LIFE SPAN 2cr		OCC1-236 OT PRACTICE I: Musculoskeletal Conditions, Section A,B & C 4cr			<b>Section D: Integration Block</b>	
OCC1-235 OCCUPATION AS THERAPY 3cr						

NOTE: OCC1 = Occupational Therapy  
 POTH = Occupational/Physical Therapy  
 ANAT = Anatomy  
 PHGY = Physiology

**U1 PHYSICAL AND OCCUPATIONAL THERAPY LIST OF REQUIRED COURSES****Fall Term:**  
Sept 3 to Dec 3, 2003**Winter Term**  
Jan 5 to Mar 5, 2004**Clinical Affiliations**  
Mar 22 to Apr 30, 2004**Other Courses**  
May 3 to 21, 2004**Exam Period:**  
Dec 5 to 19, 2003**Exam Period:**  
Mar 8 to 19, 2004**Exam Period:**  
May 25 to 31, 2004

<b>2003-2004 OCCUPATIONAL THERAPY PROGRAM U1</b>		
<b>Course Number</b>	<b>Course Name</b>	<b>Credits</b>
PHGY-201	Human Physiology: Control Systems	3
PHGY-202	Human Physiology: Body Functions	3
OCC1-220	Clinical Affiliation I	0
POTH-222	Kinesiology	3
OCC1-235	Occupation as Therapy	3
OCC1-236	OT Practice I: Musculoskeletal Conditions	4
POTH-239	Assessment of Rehabilitation I	2
OCC1-240	Assessment of Performance I	2
POTH-248	Communication/Professionalism	2
POTH-250	Health Care and Professionalism	2
POTH-260	Life Span	2
ANAT-315	Regional Anatomy of the Limbs and Back	4
ANAT-316	Human Visceral Anatomy	2
<b>FALL &amp; WINTER TERMS – TOTAL CREDITS 32</b>		
<b>2003-2004 PHYSICAL THERAPY PROGRAM – U1</b>		
<b>Course Number</b>	<b>Course Name</b>	<b>Credits</b>
PHGY-201	Human Physiology: Control Systems	3
PHGY-202	Human Physiology: Body Functions	3
PHTH-220	Clinical Affiliation I	0
POTH-222	Kinesiology	3
PHTH-235	Movement Science and Practice	3
PHTH-236	Movement I: Musculoskeletal	4
POTH-239	Assessment in Rehabilitation I	2
PHTH-241	Assessment II: Musculoskeletal	2
POTH-248	Communication/Professionalism	2
POTH-250	Health Care and Professionalism	2
POTH-260	Life Span	2
ANAT-315	Regional Anatomy of the Limbs & Back	4
ANAT-316	Human Visceral Anatomy	2
<b>FALL &amp; WINTER TERMS – TOTAL CREDITS 32</b>		

**POTH-222 KINESIOLOGY**

**Credits:** 3

**Lecturer:** P. McKinley, Hosmer 300A, (514) 398-4498, [patricia.mckinley@mcgill.ca](mailto:patricia.mckinley@mcgill.ca)

**Overall objectives:**

At the end of this course the student will:

1. Have a basic understanding of how kinematics, kinetic and EMG assessments can help facilitate evidence based practice and provide the basis for therapeutic intervention.
2. Be able to read and understand clinical literature and determine how it might affect clinical interventions.
3. Have a very basic knowledge of the use of bio-mechanic principles and how they might be used in clinical assessment.

**Format:**

The class power point presentations will be on webCT; and for the most part, the articles will also be on the webCT or available by email (pdf format).

You may contact me by my email address or send me an email on webCT. I will try to be available for consultation on Monday and Wednesday after class. The class is loosely structured to fit the needs of the students. Therefore a precise list of the lectures is not given. Rather general topics are presented. As the final is a TAKE HOME exam for a duration of ONE WEEK, you will have some time to read or reread articles that are pertinent to your final; so do not be concerned if you cannot keep up with the reading material during the class.

**Class schedule is as follows:**

**WEEK 1- OVERVIEW AND MUSCLE MECHANICS AND EMG**

Research Papers to be discussed: 1) Is lower muscle synchrony during landing affected by gender? Implications for variations in ACL injury rates Cowling and Steele 2) The effect of handgrip position on upper extremity neuromuscular responses to arm cranking exercise Bressel et al 3) possibly Hatzitaki and McKinley

Intro	Introduction and overview of kinematics and kinetics; discussion of paper assignment and final exam	exam content.
Intro	Introduction to EMG: muscle activation, monitor EMG, signal processing evaluation of EMG; norm	normalization, interpretations;
relation to force.		

**WEEK 2 - EMG and KINETICS**

Relationship between muscle activity and body centre of gravity mechanics; bio-mechanics articles: 1) Impact severity in self-initiated sits and falls associate with centre-of-gravity excursion during descent. Robinovitch, Chiu, Sandler and Liu; Journal of Bio-mechanics 33: 863-870; 2) Elderly subjects ability to recover balance with a single backward step associated with body configuration at step contact Hsiao and Robinovitch J. Gerontol Med. Sci. 50a:M42-47; 3) Relationship between antagonistic leg muscles co-contractions and body centre-of-gravity mechanics in different level gait disorders, Dierick, Domicent and Detrembleur, J. Electromyography and Kinesiology 12: 59-66, 2002

Demonstrations: Centre-of-gravity oscillation differences with walkers, high heels, etc.; jumping with and without bending the knees at beginning.

**WEEK 3 - KINETICS, KINEMATICS and MOTOR CONTROL STRATEGIES**

Papers to be discussed: 1) Grasp and release in children with CP. Elaison et al; 2) The development of coordination for reaching movements in children. Shneiberg et al Exp

**Brain Res;**

Demonstrations: Strategies for task completion under various constraints. Walking with and without a partner of a different height and or leg length.

**Evaluation:**

Group paper: 35 pts. Final exam 65 pts.

**Text:**

None required: any Kinesiology or Bio-Mechanics book as reference; articles and power point presentations (most articles on website).

**Group paper:**

- Select a problem from your clinical experiences and describe how the use of kinematics, kinetic and EMG analysis could be used to further evidence based practice in 5 pages (illustrations and programs may be placed in Appendices). It is due the last day of class and may be sent by email.
- Describe your target population, including inclusion and exclusion criteria (5 pts.)
- Describe the intervention(s) you propose to use (5 pts.)
- Describe your outcome measures that you normally use (i.e. Berg Balance, nine hole peg test) (5 pts.)
- Describe how you would use EMG, Kinetic and kinematics techniques as described in this course to better understand how the person is or is not doing the task appropriately and if the intervention is working (20 pts.)
- You may use primary sources of information and websites, if they have a scientific basis and are not "populace" based.
- A model paper is provided from last year; it is not perfect, and did not get a perfect score, but it will serve to give you an idea of what you can do.

**Final Exam:**

The final exam will have two short answer questions worth about 12-15 points and one long essay question that mirrors the format of the paper worth about 50 points. It will be a take-home exam and due within one week of the end of class.

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**POTH-239ASSESSMENT IN REHABILITATION I**

**Credits: 2**

**Lecturers:** S. Beaulieu, (Co-coordinator), Davis D34B,  
(514) 398-590, [sylvie.beaulieu@mcgill.ca](mailto:sylvie.beaulieu@mcgill.ca)

R. Toomey, (Co-ordinator), [rekha.toomey@hotmail.com](mailto:rekha.toomey@hotmail.com)

C. Perlman, Davis D34A, (514) 398-5593, [cynthia.perlman@mcgill.ca](mailto:cynthia.perlman@mcgill.ca)

G. Boutin, [guylaineboutin@videotron.ca](mailto:guylaineboutin@videotron.ca)

**Course Structure:**

This course includes 1 1/2 hours of lecture, 2 hours laboratory sessions, and an additional 2 hours mandatory open lab per week. The course structure consists of 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 with emphasis on self-directed learning and evidence-based practice.

**Learning Outcomes:**

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

1. Reinforce material learned in Anatomy,- ANAT-315
2. Perform an on-line literature search pertaining to specific measures
3. Interpret and apply the basic principles of reliability and validity theory to physical assessment
4. Apply the knowledge learned in the following areas:
  - Manual muscle testing
  - Goniometry
  - Evaluation of sensory function
  - Evaluation of hand and finger strength using Jamar dynamometer & pinch meters
  - Evaluation of oedema
  - Evaluation of posture
  - Evaluation of gait and its deviations
  - Pain assessment
5. Explain the SOAPIE system of charting
6. Organize statements into subjective and objective domains

**The student will be able to perform the following skills:**

1. Accurately demonstrate:
  - Palpation of bony and soft tissue landmarks
  - Visual inspection
  - Manual muscle testing

- Goniometry
- Evaluation of sensory function
- Evaluation of hand and finger strength
- Evaluation of oedema
- Evaluation of posture
- Evaluation of gait and its deviations

2. Conduct an initial history-taking interview
3. Document the information obtained in an initial history-taking interview in SOAPIE format
4. Document the information obtained in the objective evaluation in SOAPIE format
5. Demonstrate safe and effective patient handling skills
6. Show respect of 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 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. Be able to develop and maintain team/group building skills
6. Independence in seeking pertinent information on materials covered
7. Actively and independently participate in labs.

**Course Content:**

Learning activities have been organized using a regional approach complementary to the course *Regional Anatomy of the Limbs & Back* (ANAT-315).

**Required dress for laboratory sessions:**

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

**Required references:** *\*required in other course(s)*

Assessment in Rehabilitation I (POTH-239) Course pack

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



\* Anatomy (ANAT-315) Course pack

### **Recommended References:**

Magee, D.J. (2002). Orthopedic Physical Assessment. (4<sup>th</sup> edition). Philadelphia: W.B. Saunders.

Trombly, C.A. & Radomski, M.V. (2001) Occupational Therapy for Physical Dysfunction (5<sup>th</sup> edition). Lippincott Williams & Wilkins.

### **Required Material:**

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

Goniometers: 360°, 30 cm

180°, 15 cm

Finger

Tape measure

### **Evaluation:**

Written assignments and / or tests: 50%

Practical final exam: 50%

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 - OCC1 220 or PT Clinical Affiliation I - PHTH 220).

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## **POTH-248 COMMUNICATION & PROFESSIONALISM**

**Credits:** 2

**Lecturer:** Aliko Thomas, (Coordinator) Davis D30, (514) 398-4496, [aliko.thomas@mcgill.ca](mailto:aliko.thomas@mcgill.ca)

### **Course Structure:**

Two hours per week for 12 weeks. The format will include lecture/seminar/class participation.

### **Learning Outcomes:**

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

Apply fundamental skills and strategies necessary for effective professional communication.

Deal with a number of psychosocial issues which have implications for impairment, disability, handicap and an impact on rehabilitation and well-being.

**Methods of Evaluation:**

1. Psychosocial Issue Project 40%
2. Group oral presentation on projects 15%
3. Interviewing techniques assignment 5%
4. Final exam 40%

**Required Text:**

Adler, R.B., & Rodman, G. (2002). Understanding Human Communication, (8th edition). Oxford University Press (Available at the McGill bookstore).

Course pack.

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**POTH-250 HEALTH CARE AND PROFESSIONALISM**

**Credits:** 2

**Lecturers:** L. Asseraf-Pasin, (coordinator) Davis 7, (514) 387-5594, [liliane.asseraf.pasin@mail.mcgill.ca](mailto:liliane.asseraf.pasin@mail.mcgill.ca) and 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 POTH-248 given in Fall Term\*

**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 POTH 248.

**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:

- A scientific body of knowledge that forms the basis of evidence-based practice
- Independent practice is supported by autonomy, self-regulation and direct access

Ethical behaviour based on a personal code of behaviour rules of conduct and values, legal requirements and a professional code of ethics

Professional legal, regulatory status.

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

Scope of practice of Occupational Therapy, Physical Therapy and of other descriptions.

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

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:

The Professional Code, Éditeur officielle du Québec.

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

### Recommended Texts:

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

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

Williams & Wilkins (1997). Stedman's Concise Medical Dictionary for the Health Professional, (3<sup>rd</sup> 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, (2<sup>nd</sup> 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 %
Quizzes	40 %	(2 Quizzes will be given in class time)	
Participation	10 %	(Presence & In-Class Participation )	

NOTE:

## POTH-260 LIFESPAN

**Credits:** 2

**Lecturers:** R. Birnbaum, (coordinator)  
[rena.birnbaum@muhc.mcgill.ca](mailto:rena.birnbaum@muhc.mcgill.ca) and guest lecturers

### Course Structure:

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

### Goal:

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

### Learning Outcomes:

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

### Course Content:

- Developmental theories and controversies
- Basic embryology and genetics
- Neonatal neurobehavioral performance
- Motor principles and theories
- Developmental competencies in gross motor, fine motor, perceptual, cognitive, social, behavioral, play, daily living skills and language for the:
  - . infant
  - . preschooler
  - . school age child
  - . 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	35%	
Group presentation		5%

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## ANAT-315 REGIONAL ANATOMY OF THE LIMBS & BACK

**Credits:** 4

**Lecturers:** *Regional Anatomy Section:* G.C. Bennett, Department of Anatomy,  
(514) 398-6344, [gary.c.Bennett@mcgill.ca](mailto:gary.c.Bennett@mcgill.ca)

*Functional Anatomy Section:* S. Beaulieu, Davis D34B, (514) 398-5590,  
[Sylvie.beaulieu@mcgill.ca](mailto:Sylvie.beaulieu@mcgill.ca),

A. Gaglietta, Davis D38, (514)398-4511, [Amelia.gaglietta@mcgill.ca](mailto:Amelia.gaglietta@mcgill.ca)

T. Norcia, N. Liverani

### REGIONAL ANATOMY SECTION

#### Structure:

This section consists of 2-hour lecture sessions per week and 2 hour laboratory periods per group per week starting September 3, 2003.

#### 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 Prosections are kept in plastic bags, along with moistened cloth rags
- C Each plastic bag is identified with a clothes-peg
- C Each prosection is identified with a tag
- C Prosections are preserved with mixture of aldehyde, phenol and alcohol
- C Prosections 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

Final Exam

33.6%

**TOTAL:** 56%

Laboratory examinations:

“Spot” Exam

Midterm

9.6%

Final Exam

14.4%

**TOTAL:** 24%

80%

**FUNCTIONAL ANATOMY SECTION**

**Course Structure:**

This section consists of laboratory sessions of 2 hours per week for 14 weeks. It includes small group work and instructor-directed experiences.

**Objectives:**

- Upon completion of this section, the student therapist will be able to visually inspect, palpate and identify:
  - bony landmarks
  - soft tissue structures: muscle mass, tendons, ligaments, nervous tissue
  - arterial pulses
- Demonstrate and interpret the movement of body segments in terms of planes and axes.
- Identify and understand muscle actions: isotonic, isometric, concentric and eccentric contractions
- Understand and demonstrate the use of proximal muscles for stabilization while using distal joints and muscles in functional movements
- Demonstrate normal muscles in action
  - Interpret potential patterns of muscle weakness or paralysis due to dysfunction of nerves, muscles and joints
- Identify joint structures and understand movement of specific joints (according to classification)
- Demonstrate professional behavior throughout the labs
- Demonstrate organization skills by completing the lab preparation activities and working independently in labs

**Required dress for laboratory sessions:**

Shorts and tank tops or halter-type or racer back tops.

\*Inappropriate dress deprives your partner of their practice time\*

**Required Texts:**

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

**Recommended Reading:**

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

Jenkins, D. (Ed.) (1988). Hollinshead=s Functional Anatomy of the Limbs & Back. (7th Edition) Saunders.

**Other References of Interest:**

Brunnstrom, S. (1972) Clinical Kinesiology, 3<sup>rd</sup> Edition. Philadelphia: FA Davis.

Kendall, F.P., McCreary, E.K., Provance, P. G. (1993) Muscles. Testing and Function. Fourth Edition. Baltimore: Williams & Wilkins.

Palmer M.L. & Epler, M.E. (1998) Fundamentals of Musculoskeletal Assessment Techniques. Philadelphia: Lippincott

Use one of the following websites to go to the link for the Musculoskeletal Atlas.

- [www.health.library.mcgill.ca/resource/ot.htm](http://www.health.library.mcgill.ca/resource/ot.htm)

- [www.health.library.mcgill.ca/resource/pt.htm](http://www.health.library.mcgill.ca/resource/pt.htm)

**Evaluation:**

The Functional Anatomy section accounts for 20% of the Anatomy of the Limbs and Back (ANAT-315) course. The student is assessed in two (2) practical evaluations, each worth 10%.

Topic	Date	grade weight
Upper Extremity	October 29	10 %
Lower Extremity	December 3	10 %

Students who miss more than 3 practical laboratories without a legitimate reason will not be permitted to take the lower extremity evaluation.

**NOTE:**

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**OCC1-220 CLINICAL AFFILIATION I**

**Credits:** 0

**Coordinator:** C. Storr, Academic coordinator of Clinical Education, Davis D2,  
(514) 398-6561, [caroline.storr@mcgill.ca](mailto:caroline.storr@mcgill.ca),

**Course Structure:**

**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 2003-2004 Occupational Therapy Program:

**2003-2004 Winter Term** OCC1-220  
6 weeks 0 credit  
(March - April, 2004)

**2004-2005 Summer Term** OCC1-320  
6 weeks 6 credits  
(May, June, July 2005)

**2004-2005 Summer Term** OCC1-321  
6 weeks 6 credits  
(June, July, August 2005)

**2005-2006 Fall Term** OCC1-420  
5 weeks 3 credits  
(November - December, 2005)

**2005-2006 Winter Term** OCC1-422  
5 weeks 3 credits  
(January - February 2006)

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 out-of-province placements.

Both traditional and role-emerging 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. Students are responsible to ensure that they purchase travel cancellation insurance in the event of unforeseen circumstances.

This course is structured as follows:

- I. Principles for Moving Patients Safely Workshop (PDSB)
- II. Clinical Affiliation Seminars
- III. Traditional Fieldwork Placements
- IV. Role-Emerging Fieldwork Placements

#### I. PRINCIPLES FOR MOVING PATIENTS SAFELY WORKSHOP (PDSB)

This is a compulsory workshop scheduled in Term B during Assessment in Rehabilitation I: POTH 239. Successful completion of this workshop is a pre-requisite for fieldwork placement.

#### **Required Text:**

Principles for Moving Patients Safely. Montreal: ASSTSAS, 1999

This text is required for workshop participation and a reference for all five Clinical Affiliation courses.

## **CLINICAL AFFILIATION SEMINARS**

Prior to the first fieldwork affiliation, in Winter Term, 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 hour 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 apply 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 for 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:**

- Introduction to fieldwork
- Basics re: rotations, evaluation forms
- Learning objectives/learning contracts
- Students' evaluation of the clinical education experience
- International placements/Role-emerging placements/Out-of-province placements
- Feedback

- Clinical profile
- Professional behaviour

**Required Text:**

Bossers, A., Miller, L., Polatajko, H., and Hartley, M.,(2002). Competency Based Fieldwork Evaluation for Occupational Therapists. Albany: Delmar/Thomson Learning.

All students must purchase this fieldwork text and give an original evaluation form to the Academic Coordinator of clinical Education in Seminar #2.

**Evaluation:**

Attendance will be compulsory and a participation mark is given.

**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
8. Apply professional code of ethics to patient interactions

**Required Text:**

Bossers, A., Miller, L., Polatajko, H., and Hartley, M.,(2002). Competency Based Fieldwork Evaluation for Occupational Therapists. Albany: Delmar/Thomson Learning.

**Evaluation:**

The Competency Based Fieldwork Evaluation (CBFE) is used to evaluate students' performance. The copyright 2002 is the only accepted version used for grading. Although each supervising therapist evaluates students' performance, it is the ACCE who assigns the final grade.

**QUEBEC PLACEMENTS:**

Students will be placed in McGill Affiliated Facilities in the greater Montréal area depending on availability, profile requirements and interest. Students must be able to communicate in both official languages (French and English). Requests can be made for clinical affiliations beyond the greater Montréal area in the province of Quebec to the ACCE. Under no circumstances, should students attempt to contact sites independently. Availability is dependent on other universities' clinical affiliation schedules.

### **OUT-OF-PROVINCE PLACEMENTS:**

Students who are interested in doing their first clinical placement in another province may do so by following the application procedure as announced by the ACCE during the Fall of Term A. The application process is currently pending modification. Availability is subject to fluctuation and all students are strongly encouraged to develop fluency in both official languages in order to be able to complete some of the clinical affiliation courses in the Province of Quebec. There is an application fee for out-of-province placements.

### **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 ACCE 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: requirements for specific student visa, letter from fieldwork coordinator and/or letter from facility attesting to the purpose of stay)
  - c) Accommodation - (at times, the ACCE/immediate fieldwork educator 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 ACCE has confirmed the international placement). The student is responsible for all travel costs at all times. Travel arrangements cannot conflict with examination period. Cancellation insurance is strongly advised in the event of last minute changes
  - 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 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 ACCE/Occupational Therapy Faculty. The student shall obtain a letter of reference from one fieldwork educator 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 US

\*Please note that some restrictions may apply to US placement for 2003-2004.

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:OCCI 322. 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 provide and complete the Student Evaluation of Placement Form, as well as any addendum specific to international placements and ensure that the CBFE are completed at the Mid-Term and Final. At the end of the placement the student must submit a completed copy of the CBFE to the ACCE in order to receive a grade.

A representative from the fieldwork facility and/or the student will contact the Academic Coordinator of Clinical Education or the 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 Educator 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 Occupational 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.
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 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. Preference will be to provide email communication.
8. Write letter of appreciation to facility.

## **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**

<b>RESPONSIBILITIES OF STUDENT</b>	<b>SUGGESTED TARGET DATES</b>
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 CBFÉ is completed at Mid-Term and Final	end of placement

## **ROLE-EMERGING 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.

## **FIELDWORK POLICIES**

### **Academic Advancement**

See section 4.5 Academic Advancement in the Health Sciences Calendar

### **Failure Policy**

*Clinical Affiliation I (OCCI-220)* is a pass or fail course. Students must pass *Occupation as Therapy (OCCI-235)* and the final practical exam of *Assessment in Rehabilitation I (POTH-239)* with a grade of c+ or better in order to advance into *Clinical Affiliation I (OCCI-220)*. 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 (OCCI-220)*, permission to complete the Integration Block of OT Practice I: Musculoskeletal Conditions (*OCCI-236*) 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 photocopy of the certification to the Academic Clinical Coordinator, on the first day of January seminars in the first year of the UI program.

## **Safety**

In order to ensure the safety of clients at all times, each student is responsible for successfully completing a training workshop, which will focus on transferring principles and techniques. Details concerning this training workshop will be provided at the beginning of Term B and are outlined under Course Structure.

## **FIELDWORK RESPONSIBILITIES**

### **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 package 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:
  - checking assessments the student proposes to use;
  - checking proposed treatment programs;
  - checking written reports;

- supervising student practice appropriate to the student's level of experience;
- 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 student.

8. To return the completed evaluation to the ACCE within requested time lines. The evaluation must be signed with licensure #. Fieldwork educators must have a minimum of 1 year's clinical experience.

### **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.

5. To email/fax the immediate supervisor's contact information to the ACCE during the first week of placement.

6. To complete facility evaluation forms and provide facilities with feedback on learning experience.

### **Academic Co-ordinator of Clinical Education:**

1. To assist the development of facilities' clinical education program and confirm availability prior to assigning students to a facility.

2. To develop students' clinical profile by assigning students to facilities.

3. To send pertinent 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 educator.

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 as needed.

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, facilitate student in

developing 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 and make site visits as needed.
11. To ensure that all fieldwork records are kept up to date.

**NOTE:**

*McGILL UNIVERSITY VALUES ACADEMIC INTEGRITY. THEREFORE ALL STUDENTS MUST UNDERSTAND THE MEANING AND CONSEQUENCES OF CHEATING, PLAGIARISM AND OTHER ACADEMIC OFFENCES UNDER THE CODE OF STUDENT CONDUCT AND DISCIPLINARY PROCEDURES (see [www.mcgill.ca/integrity](http://www.mcgill.ca/integrity) for more information).*

## OCC1-235 OCCUPATION AS THERAPY

**Credits:** 3

**Lecturers:** E. Gisel (coordinator) Hosmer 204, (514) 398-4510, [Erika.gisel@mcgill.ca](mailto:Erika.gisel@mcgill.ca),  
C. Perlman, Davis 34A, (514) 398-5593, [Cynthia.perlman@mcgill.ca](mailto:Cynthia.perlman@mcgill.ca)

### Course Structure:

One 2-hour lecture per week, and one 2-hour lab per week. A web-based tutorial allows students further practice of lecture and lab material.

### Learning Outcomes:

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

1. Define occupational therapy, occupational performance, and occupational science.
2. Explain the philosophies, definitions and models of occupational therapy in relation to the concepts of health and function.
3. Experience a variety of purposeful activities and their impact on occupational performance needs.
4. Discriminate between the domains of the Traditional Analysis (TA) framework in order to apply an activity to the patient's needs.
5. Relate the domains and sub-domains of two models of practice 1) Canadian Model of Occupational Performance (CMOP) and 2) Model of Human Occupation (MOHO).
  7. Apply 'activity analysis' to the TA, CMOP, and MOHO, in terms of the individual and the environment.
  8. Adapt or modify a purposeful activity (termed grading), in relation to a new content and context, to facilitate health and function.

### Course Content:

Introduction to models of human occupation. Orientation to the analysis of a variety of occupational performance issues in the context of these models. The adaptation and

modification of these issues for therapeutic purposes will be studied.

***This course is a pre-requisite to OCC1-220 (Clinical Affiliation I) given in Winter Term.***

**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:**

	Mid-Term Examination	30%
Final Examination	30%	
Project	30%	
	Completion of all Web assignments	10%

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**OCC1-236 OT PRACTICE I: MUSCULOSKELETAL CONDITIONS**

**Credits:** 4

**Lecturers :** S. Beaulieu (coordinator), Davis D34B,  
(514) 398-5590, [Sylvie.beaulieu@mcgill.ca](mailto:Sylvie.beaulieu@mcgill.ca),  
B. Nedelec, & C. Perlman, Occupational Therapy Faculty  
A. Gaglietta & 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 behaviors. Sections A & D are given as combined courses with Physical Therapy students in PHTH 236 Movement I: Musculoskeletal.

## **SECTION A: CONDITIONS, PATHOLOGY, HISTOLOGY AND PHARMACOLOGY**

**Lecturers:** C. Perlman (Co-coordinator) Ext. 5593, D20, [cynthia.perlman@mcgill.ca](mailto:cynthia.perlman@mcgill.ca)  
& A. Gaglietta (Co-coordinator) Ext. 4511, D38, [Amelia.gaglietta@mcgill.ca](mailto:Amelia.gaglietta@mcgill.ca)

### **Course Structure:**

Approximately 14 - 1 ½ to 2 hour lectures given by faculty or guest lecturers during the Fall and Winter terms. Student presentations on specific conditions will be implemented in the Winter term.

### **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. Explain the structure of normal tissue in the musculoskeletal system, and the basic pathological changes that occur in orthopaedic conditions.
3. Identify the basic actions of pharmaceutical agents used in the treatment of orthopaedic conditions.
4. Recognize the potential impact on therapeutic intervention of the pharmaceutical agents, through self-directed learning opportunities.

### **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. Evaluation measures will comprise content from all lectures and required readings.

### **Required Texts:**

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

### **Recommended Text:**

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



Moore, K.L., and Dalley, A.F. (1999) Clinical Oriented Anatomy (4<sup>th</sup> edition), New York, Lippincott, Williams & Wilkins.

## **SECTION B: INTRODUCTION TO SPLINTING**

**Lecturer:** B. Nedelec (Coordinator) Hosmer 203,  
(514) 398-1275, Bernadette.nedelec@mcgill.ca

### **Course Structure:**

This course will consist of 10 hours theory and 12 hours practical laboratory sessions.

### **Objectives:**

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

1. Describe the principles involved in the therapeutic application of static and dynamic splints and apply these principles to case studies across the life span. Demonstrate critical appraisal skills of splint construction, fit, and design.
2. Describe the properties of different low-temperature thermoplastic materials and appropriately select the material that meets the needs of given case studies.
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. Incorporate the provision of splints within a holistic, client centered approach to case studies.

### **Course Content:**

1. Theory:
  - definitions and terminology of splinting
  - the occupational therapist's role in splinting
  - rationale for splinting
  - review of normal mechanics of the hand
  - optimizing occupational performance through splinting
  - mechanical principles
  - assessment and splinting
  - properties of splinting materials
  - design, construction and fit principles
  - 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:** S. Beaulieu (coordinator), Ext. 5590, D34B, [Sylvie.beaulieu@mcgill.ca](mailto:Sylvie.beaulieu@mcgill.ca)  
and Guest Lecturers

#### Course Structure:

This course will consist of 5 hours per week, in a combination of lectures and seminars, 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. Apply principles learnt in previous OT courses to establish assessment plans for individuals with musculoskeletal injuries.
3. Apply the biomechanical approach and rehabilitative approach to establish long and short term goals and treatment plans for individuals with musculoskeletal injuries and illnesses, e.g. peripheral nerve injuries, hand injuries, rheumatoid arthritis, back injuries, fractures and joint replacements.
4. Establish long and short-term goals and a treatment plan for a given client for which the assessment results are known, using a case-based approach.
5. Discuss the role of occupational therapy for given case studies across the life span.
6. Develop basic competence in the selection of enabling and therapeutic activities, exercises, and modalities for individuals with musculoskeletal injuries and illnesses.
7. Demonstrate the ability to perform detailed analysis of the therapeutic benefits of selected enabling and therapeutic activities as it applies to specific case studies of individuals with musculoskeletal injuries and illnesses.
8. Demonstrate the clinical reasoning skills required to select meaningful and relevant activities and to be able to explore possibilities for adaptations and modifications that will promote the clients' attainment of their therapeutic goals.

#### Course Content:

##### 1. Introduction to treatment

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

##### 2. Goal Setting

Goal setting requires the identification of occupational performance issues, delineation of the components and environmental conditions which are contributing to them. Long and short-term goals will be established and reviewed using a case-based approach. The formulation of realistic, understandable, measurable, behavioural and achievable short-term goals will be reinforced in the context of various musculoskeletal conditions.

##### 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 PROM (flexibility), oedema, sensory loss, impaired fine motor coordination, and decreased endurance. Emphasis will be placed on the analysis of the therapeutic value of activities prescribed.

#### 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) Upper extremity fractures.
- b) Shoulder, elbow and wrist pathologies.
- c) Tendon injuries in the hand.
- d) Upper extremity peripheral nerve injuries, including: splinting, patient education, sensory re-education, de-sensitization, ADL.
  - e) Arthritic conditions including rheumatoid arthritis.
- f) Orthopaedic OT applied to Paediatrics.
- g) Back Pain.
- h) Lower extremity fractures and joint replacements.

#### 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) practicum of related techniques.
- d) exploration of therapeutic use of activities.
- e) discussion of evidence-based practice.

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.

#### Required Text:

Trombly, C. A and Radomski, M. V. (Ed.) (2002). Occupational Therapy for Physical Dysfunction, (5<sup>th</sup> edition). Baltimore, Williams & Wilkins. (Also required for OT Practice II: Neurological Conditions - Part I OCC1-335, OT Practice II: Neurological Conditions - Part II OCC1-336 and Strategies For Independent Living OCC1-339)

Course Pack.

#### Evaluation:

The evaluation will include both formative and summative case-based assignments.

Summative evaluations are:

Initial interview assignment .....	3%
Assessment plan assignment .....	6%
Treatment plan assignment.....	6%

modified Objective Scored Clinical Exam (m-OSCE) ..... 20%

N.B. The m-OSCE consists of three (3) stations of which at least two (2) must be passed with a C+ or better in order to be admitted to the first clinical placement (OT Clinical Affiliation I - OCC1-220).

## SECTION D: INTEGRATION BLOCK

**Lecturers :** S. Beaulieu (Co-coordinator), Ext. 5590, D34B, [Sylvie.beaulieu@mcgill.ca](mailto:Sylvie.beaulieu@mcgill.ca)  
J.P. Dumas (Co-coordinator), Ext. 5864, H307, [jean-pierre.dumas@mcgill.ca](mailto:jean-pierre.dumas@mcgill.ca)  
C. Perlman, A. Gaglietta and Guest Speakers

### Course Structure:

This course will consist of 9 seminars, over 3 weeks.

### Overall Objective:

Occupational and physical therapy students will work together to integrate and apply knowledge acquired in U1 courses, for the management of clients with musculoskeletal conditions using a client-centered approach.

### Course Objectives:

At the end of this course, the student will:

1. Demonstrate integration of knowledge acquired in OT U1 & PT U1
2. Demonstrate the use of the client-centered approach in case management.
3. Demonstrate professionalism and adequate communication skills required for taking a history, assessing and treating clients and interacting with colleagues.
4. Define their own profession according to the ICF (formerly known as ICIDH) model and recognize the similarities and differences between OT & PT
5. Identify the other allied health professionals involved in a client's care.
6. Summarize and prioritize important aspects of a case, as they eliminate duplication, minimize overlap and favour complementary interventions by health professionals.

### Content:

Through case presentations with guest lecturers, students will apply team case management principles while respecting a client-centered approach.

### Evaluation:

#### Section A

Midterm Quiz	5%
Final Exam	10%
m-OSCE (conditions)	5%

#### Section B

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

**Section C**

Case-based assignments	15%
m-OSCE	20%

**Section D**

Written assignment	10%
Oral presentation	5%

**TOTAL** 100%

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## OCC1-240 ASSESSMENT OF PERFORMANCE 1

**Credits:** 2

**Instructors:** S. Everitt, Davis D24, (514) 398-4495, [Sandra.everitt@mcgill.ca](mailto:Sandra.everitt@mcgill.ca)  
Guest Lecturers and teaching assistant

**Course Structure:**

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

**Course Topics:**

**Section A Introduction to Assessment**  
- Psychometric properties of assessments  
- Purpose of assessment  
- Selection of assessment instruments

**Section B Assessment of Musculoskeletal Conditions**  
- Assessment of back function  
- Assessment of hand function  
- Assessment of elbow and shoulder function

**Section C Assessment of Motor Development in Children**

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

**Section D      Assessment of Time Management and Occupational Performance**

- Client - completed checklists and questionnaires
- Interview scales

**Section E      Assessment of Activities of Daily Living / Self-Care**

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

**Learning Outcomes:**

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 assessment tool that is appropriate to the client and consistent with a client-centered approach to therapy.

**Course Outline:**

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

**Course Evaluation:**

Two laboratory presentations and hand-outs:	15% each:	total 30%
One independent assessment and summary		10%
Take - home examination:		60%

**Required Text:**

*These texts will also be required for Assessment of Performance 11.*

Neistadt, M. E. (2000). Occupational therapy evaluation for adults: A pocket guide. Baltimore, Ma: Lippincott Williams & Wilkins.

Mulligan, Shelley. (2003) Occupational therapy evaluation for children: a pocket guide. Baltimore, MA: Lippincott, Williams & Wilkins

**Reference Text:**

King-Thomas, L., & Hacker, B. J. (Eds.). (1987). A therapist's guide to paediatric assessment. Boston, Mass.: Little, Brown & Co.

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