



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

COURSE GUIDE

B.Sc. (OCCUPATIONAL THERAPY) U-2

2002-2003

IMPORTANT DATES

Term A:	Registration Period	May. 7 - Aug. 5, 2002
	Labour Day	Sept. 2, 2002
	First Day of Classes	Sept. 4, 2002
	Course Change (drop/add period)	Sept. 4 - 15, 2002
	Thanksgiving Day	Oct. 14, 2002
	Last Day of Classes	Dec. 4, 2002
	Examination Period	Dec. 6 - 20, 2002
Term B:	First Day of Classes	Jan. 6, 2003
	Course Change (drop/add period)	Nov. 4, 2002 - Jan. 19, 2003
	Study Break	Feb. 24 - 28, 2003
	Last Day of Classes	Apr. 11, 2003
	Examination Period	Apr. 14 - 30, 2003
	Easter	Apr. 18 - 21, 2003
Term C:	CLINICAL AFFILIATION	
	<u>U2 - Two 6-Week Rotations</u>	
	<u>Session 2:</u> May 5 to June 13, 2003 (Holiday: Victoria Day - May 19, 2003)	
	<u>Session 3:</u> June 16 to July 25, 2003 (Holidays: Fête Nationale - June 24; Canada Day - July 1)	
	<u>Session 4:</u> July 28 to Sept 5, 2003 (Holiday: Labour Day - September 1, 2003)	

McGILL UNIVERSITY
School of Physical and Occupational Therapy

COURSE GUIDE
B.Sc. (OCCUPATIONAL THERAPY) U-2

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PROFESSIONAL COURSE DESCRIPTIONS

COMBINED PHYSICAL & OCCUPATIONAL THERAPY SECOND YEAR COURSES

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OCCUPATIONAL THERAPY SECOND YEAR COURSES

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U2 CURRICULA PLAN - 2002-2003 - OCCUPATIONAL THERAPY PROGRAM

FALL: TERM A

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

WINTER: TERM B

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

SUMMER: TERM C

Clinical II (6 wks) + Clinical III (6wks) = Total 12 wks

Academic Term Sept 4- Dec 4	Exams Dec 6 - 20	Academic Term Jan6 - Apr 11	Exams Apr 14 - 30	Clinical Block May 5 - June 13	Clinical Block June 16 - July 25	Clinical Block July 28 - Sept. 5
ANAT-321 CIRCUITRY OF THE HUMAN BRAIN 3cr		OCC1-336 OT PRACTICE II: Neurological Conditions Part 2 4cr		OCC1-320 CLINICAL AFFILIATION II 6cr <u>or</u>	OCC1-320 CLINICAL AFFILIATION II 6cr <u>or</u> OCC1-321 CLINICAL AFFILIATION III 6cr <u>or</u>	OCC1-321 CLINICAL AFFILIATION III 6cr
PHTH-455 NEUROPHYSIOLOGY 3cr		OCC1-338 OT PRACTICE IV: Mental Health 3cr				
OCC1-335 OT PRACTICE II: Neurological Conditions Part 1 2cr		OCC1-339 STRATEGIES FOR INDEPENDENT LIVING 2cr				
OCC1-337 OT PRACTICE III: Psychiatry 3cr		OCC1-341 ASSESSMENT OF PERFORMANCE III 3cr				
OCC1-340 ASSESSMENT OF PERFORMANCE II 2cr		ARTS & SCIENCE COMPLEMENTARY COURSE 3cr				
ARTS & SCIENCE COMPLEMENTARY COURSE 3cr						

Note: OCC1 - OT
 PHTH - OT/PT
 ANAT - Anatomy

Term A:
Sept. 4 to Dec. 4, 2002
Exam Period:
Dec. 6 to 20, 2002

Term B:
Jan. 6 to Apr. 11, 2003
Exam Period:
Apr. 14 to 30, 2003

Term C:
Two 6-week blocks
May to Sept. 2003

2002-2003 OCCUPATIONAL THERAPY PROGRAM - U2		
Course Number	Course Name	Credits
ANAT-321	Circuitry of the Human Brain	3
OCC1-335	OT Practice II: Neurological Conditions - Part I	2
OCC1-337	OT Practice III: Psychiatry	3
OCC1-340	Assessment of Performance II	2
POTH-455	Neurophysiology	3
Term A	Arts & Science Complementary Course	3
OCC1-336	OT Practice II: Neurological Conditions - Part II	4
OCC1-338	OT Practice IV: Mental Health	3
OCC1-339	Strategies for Independent Living	2
OCC1-341	Assessment of Performance III	3
Term B	Arts & Science Complementary Course	3
TERMS A & B - TOTAL CREDITS		31
OCC1-320	Clinical Affiliation II	6
OCC1-321	Clinical Affiliation III	6
TERM C - TOTAL CREDITS		12

2002-2003 PHYSICAL THERAPY PROGRAM - U2		
Course Number	Course Name	Credits
ANAT-321	Circuitry of the Human Brain	3
PHTH-337	Movement III: Neuromuscular	3
POTH-455	Neurophysiology	3
Term A	Arts & Science Complementary Course	3
Term A	Arts & Science Complementary Course	3
PHTH-328	Biophysical Agents	2
PHTH-336	Movement II: Cardiorespiratory	3
PHTH-338	Movement IV: Neurological	4
PHTH-340	Exercise Physiology	3
Term B	Arts & Science Complementary Course	3
TERMS A & B - TOTAL CREDITS		30
PHTH-320	Clinical Affiliation II	6
PHTH-321	Clinical Affiliation III	6
TERM C - TOTAL CREDITS		1

POTH-455 - NEUROPHYSIOLOGY

Credits: 3

Lecturers: P. McKinley (Coordinator)
Hosmer Room 300B/B17
Tel: (514) 398-4498
E-mail: patricia.mckinley@mcgill.ca

Office Hours:
Monday/Wednesday 11:00-12:00

Time: Mondays
1:30-3:30

Wednesdays
12:00-2:00

Groups: 12:00-1:30
Lectures: 12:30-2:00

Place:	MEAKINS	04-Sep-2002	Wednesday	12:00 p.m	2:00 p.m.
	MEAKINS	16-Oct-2002	Wednesday	12:00 p.m	2:00 p.m.
	MARTIN	21-Oct-2002	Monday	1:30 p.m	3:30 p.m.
	MEAKINS	23-Oct-2002	Wednesday	12:00 p.m	2:00 p.m.
	MARTIN	28-Oct-2002	Monday	1:30 p.m	3:30 p.m.
	MEAKINS	30-Oct-2002	Wednesday	12:00 p.m	2:00 p.m.
	MARTIN	04-Nov-2002	Monday	1:30 p.m	3:30 p.m.
	MEAKINS	06-Nov-2002	Wednesday	12:00 p.m.	2:00 p.m.
	MEAKINS	11-Nov-2002	Monday	1:30 p.m	3:30 p.m.
	MEAKINS	13-Nov-2002	Wednesday	12:00 p.m	2:00 p.m.
	MARTIN	18-Nov-2002	Monday	1:30 p.m	3:30 p.m.
	MEAKINS	20-Nov-2002	Wednesday	12:00 p.m	2:00 p.m.
	MARTIN	25-Nov-2002	Monday	1:30 p.m	3:30 p.m.
	MEAKINS	27-Nov-2002	Wednesday	12:00 p.m	2:00 p.m.
	MARTIN	02-Dec-2002	Monday	1:30 p.m	3:30 p.m.

COURSE STRUCTURE

This course will be divided in two parts. In the first section, the first five lectures will be taught by the students. The class will be divided into 5 content groups with sub-groups of 5 individuals. Each group will cover a portion of the lecture content each week. On Mondays the lecture period will be spent with the TAs working on the content for the Wednesday lecture. The Wednesday lecture will then be given by the students. While each sub-group is responsible for developing the content of the lecture, a different person from the sub-group will give the lecture each week. You will be graded on both content and presentation. The second section, starting October 16, 2002 consists of 14 lectures of one and half hour duration on Monday and Wednesdays. For the second section, grading will consist of final examination of the content.

OVERALL OBJECTIVES

Emphasis will be placed on the understanding of neurophysiological principles, concepts and mechanisms,

so that the acquired neurophysiological knowledge can be integrated with and utilized in other professional courses.

SPECIFIC OBJECTIVES

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

1. Identify the various sensorimotor mechanisms at different levels of neuraxis, and relate them to the control of posture and locomotion, as well as to higher functions at the cortical level.
2. Describe the current controversies surrounding the principles of normal development, motor control and dysfunctions, as well as plasticity and readaptation.
3. Analyse the possible neurophysiological and neuropharmacological mechanisms underlying normal and abnormal sensory, motor or cognitive functions in patients suffering from lesions to the central and peripheral nervous system, be they alternations in sensory function or muscle tone, postural disturbances, paralysis, disequilibrium or perceptual impairments.
4. Describe pathophysiology and basis for movement dysfunction for each of the principal neurological disorders presented in the course.
5. Synthesize the knowledge of receptor behaviour and the effects of various afferent and supraspinal influences on spinal reflex systems and relate these to (a) existing therapeutic techniques in a comprehensive and analytical manner, as well as to (b) the design of innovative rehabilitation programs.
6. Define the rationale behind treatment approach with a given neurological problem.
7. Master the foundation of knowledge in preparation for the courses, Movement IV: Neurological (PHTH-338) and OT Practice II: Neurological Conditions - Part I & II (OCC1-335 & OCC1-336).

LECTURE SCHEDULE FOR 2002-2003

Section I: Information Processing in the Nervous System and Sensory and Motor System

DATE	LECTURE	PROFESSOR	TOPIC
Wed., Sept. 4	Lecture 1	Dr. McKinley	Introduction, organisation of the course.
Wed., Sept. 11	Lecture 2	Groups 1 to 5	<p>“Anatomy and Physiology of Neurons”</p> <p>Group 1: Anatomy: Spinal cord. <i>Ch 17.</i></p> <p>Group 2: Anatomy: Brainstem and Cerebellum <i>Ch 17.</i></p> <p>Group 3: Anatomy: Cerebrum . <i>Ch 1 and 17.</i></p> <p>Group 4: Physiology: Ion channels and Membrane Potential <i>Ch 6, p. 105-109 & ch 7, p. 125-133.</i></p> <p>Group 5: Physiology: The action potential: reference given in 1st lecture.</p>
Wed., Sept. 18	Lecture 3	Groups 1 to 5	<p>“Nerve and Muscle”</p> <p>Group 1: Nerve-muscle Synapse. <i>Ch 11 p 187-193.</i></p> <p>Group 2: Spinal reflexes. <i>Ch 36, p. 713-723.</i></p> <p>Group 3: Motor unit <i>Ch 34, p 674-687.</i></p> <p>Group 4: Spinal pathways <i>Ch 18.</i></p> <p>Group 5: Neurotransmitters. <i>Ch 15.</i></p>

Wed., Sept. 25	Lecture 4	Groups 1 to 5	<p>“Movement”</p> <p>Group 1: Nerve-muscle. Ch 16.</p> <p>Group 2: Motor Unit and Muscle Action. <i>Ch 34, p. 687-693</i></p> <p>Group 3: Diseases of the motor unit. <i>Ch 35, p. 695-704</i></p> <p>Group 4: Diseases of the Motor Unit. <i>Ch 35 p.704-710</i></p> <p>Group 5: Spinal Reflexes. <i>Ch 36, 724-735</i></p>
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Wed., Oct. 2	Lecture 5	Groups 1 to 5	<p>“Perception”</p> <p>Group 1: Coding of Sensory Information. <i>Ch 21, p. 411-420.</i></p> <p>Group 2: Coding of Sensory information <i>Ch 21, p. 421-428</i></p> <p>Group 3: The bodily Senses. <i>Ch 22, p. 430-441.</i></p> <p>Group 4: The bodily Senses. <i>Ch 22, p. 441-449.</i></p> <p>Group 5: Touch. <i>Ch 23, p. 451-460</i></p>
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DATE	LECTURE	PROFESSOR	TOPIC
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Wed., Oct. 9	Lecture 6	Groups 1 to 5	<p>“Cheat Sheet Presentation”</p> <p>Each group must arrive in class with one piece of paper 8 ½ x 11 acetate summarizing (with key words and drawings). The concepts needed to explain how the CNS works.</p> <p>Each group will have 15 minutes to explain to the others how the brain works.</p>
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Section II: Major Systems of the Central Nervous System
(Chapters from Kandel et al, 2000)

Wed, Oct. 16	Lecture 7	Dr. Casanova	<p>“Physiology of the Visual System”</p> <p><i>Chapter 25, 26, 27..</i></p>
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Mon., Oct. 21	Lecture 8	Dr. Dykes	<p>Somatic Sensation: Touch.</p> <p>“Pain and Analgesic Mechanisms”</p> <p><i>Chapter 23 & 24</i></p>
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Wed., Oct. 23	Lecture 9	Dr. Forget	“The Organization of Movement” <i>Chapter 35.</i>
Mon., Oct. 28	Lecture 10	Dr. McKinley	“Neural Control of locomotion” <i>Chapter 37.</i>
Wed., Oct. 30	Lecture 11	Dr. Fung	“Neural Control of Posture” <i>*Postural orientation and equilibrium.</i> <i>Chapter 41.</i>
Mon., Nov. 4	Lecture 12	Dr. McKinley	“Voluntary movement” <i>Chapter 38.</i>
Wed., Nov. 6	Lecture 13	Dr. McKinley	Basal Ganglia and Parkinson’s Disease” <i>Chapter 43.</i>
Mon., Nov. 11	Lecture 14	Dr. McKinley	Vestibular system <i>Chapter 40..</i>
Wed., Nov. 13	Lecture 15	Dr. Lamontagne	“Cerebellar Control of Movement” <i>Chapter 42.</i>
Mon., Nov. 18	Lecture 16	Dr. Cabana	“Development of the Nervous System” <i>Chapter 52.</i>
Wed., Nov. 20	Lecture 17	Dr. Dykes	“Plasticity in the Nervous System” <i>Chapter 63.</i>
Mon., Nov. 25	Lecture 18	Dr. Alonso	“Sleep and Dreaming” <i>Chapter 47.</i>
Wed., Nov. 27	Lecture 19	Dr. Ragsdale	“The Neurobiology of Language and Aphasias” <i>Chapter 59.</i>
Mon., Dec. 2	Lecture 20	Dr. Ragsdale	“The Neural Basis of Cognition” <i>Chapter 19, 58.</i>

REQUIRED TEXT

Kandel, E.R., Schwartz, J.H. & Jessell, T.M. (2000). Principles of Neural Science. (4th edition), New York: Elsevier.

*Review articles will be available before the lecture.

EVALUATION

Midterm Examination	Presentation on a weekly basis	30%
	Participation in the group discussion	10%
Final Examination	IBM single and multiple choice questions	60%

OCC1-320 - CLINICAL AFFILIATION II
OCC1-321 - CLINICAL AFFILIATION III

Credits: 6 OCC1-320
 6 OCC1-321

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

COURSE STRUCTURE

Clinical Affiliation commences in first year and continues at set intervals throughout the three years of the program. The objectives for each fieldwork placement will vary, according to the student level. Each student will have the opportunity to develop clinical skills, clinical reasoning, and professional judgement, in a variety of settings. This includes preparatory seminars in first, second, and third year. By the end of the program, each student will have completed five rotations, full-time. Each student is exposed to a variety of clientele (e.g. nursing homes, long-term care institutions, acute care hospitals, rehabilitation centres, CLSCs, etc.; infants, school-aged children, elderly, young adults).

The overall program is made up of 105 credits of academic and clinical courses. The Clinical Affiliation courses are made up of over 1000 hours of clinical placement and have a value of 18 credits.

Students are advised that the Summer Semester of 2002-2003 contains two 6-week placements. Statutory holidays include May 21, June 24, July 1 and September 2 as applicable.

2001-2002	Winter Term (March - April, 2002)	OCC1-220	6 weeks	0 credits
2002-2003	Summer Term (May - June, 2003 or June - July, 2003)	OCC1-320	6 weeks	6 credits
2002-2003	Summer Term (June - July, 2003 or July - September, 2003)	OCC1-321	6 weeks	6 credits
2003-2004	Fall Term (November - December, 2003)	OCC1-420	5 weeks	3 credits
2003-2004	Winter Term (January - February, 2004)	OCC1-422B	5 weeks	3 credits

Fieldwork placements will be arranged with McGill teaching hospitals, McGill affiliated hospitals and centres. 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 11 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.

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. When students are placed in out-of-town facilities, travel and accommodation are the student's responsibility.

This course is structured as follows:

- I Clinical Affiliation Seminars**
- II Traditional Fieldwork Placements**
- III Non-Traditional Fieldwork Placements**

I CLINICAL AFFILIATION SEMINARS

Prior to the second year Clinical Affiliations, in Term C (Summer), U2 Occupational Therapy students will participate in a series of seminars which will cover issues related to occupational therapy fieldwork.

COURSE STRUCTURE

Three one-hour seminars where students are divided in two groups. There is one instructor per group.

LEARNING OUTCOMES

1. To become familiar with second year clinical affiliation objectives (traditional and non-traditional fieldwork placements);
2. To suggest methods of improving general communication skills;
3. To reflect on ethical issues he/she may be faced with;
4. To introduce the use of WebCT as a tool for cooperative peer learning.
5. To further develop skills of self-directed learning by planning student learning objectives.

COURSE CONTENT

- C Review clinical profile
- C Non-traditional placements: objectives and evaluation
- C Existing and emerging roles of Occupational Therapists
- C Ethical dilemmas
- C Review objectives and competencies of level 2 placements

REQUIRED TEXT: Competency Based Fieldwork Evaluation for Occupational Therapists. Ann Bossers, Linda T. Miller, Helene Polatajko and Mark Hartley.

EVALUATION

Attendance will be compulsory.

II TRADITIONAL FIELDWORK PLACEMENTS

CLINICAL AFFILIATION II and III: Occupational Therapy Practice (Transition: Level 2)

LEARNING OBJECTIVES

1. To apply theoretical concepts and gain experience in:
 - a) evaluating clients
 - b) establishing treatment goals
 - c) planning and implementing treatment
 - d) modifying treatment
 - e) presenting reports - written or oral;
2. To define the Occupational Therapist's role within the facility/agency/program;
3. To develop the skills necessary to carry responsibility for caseloads close to that expected of a new graduate.

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.

CANADIAN ASSOCIATION OF OCCUPATIONAL THERAPY PLACEMENTS

Students who are interested in doing their clinical placements 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 and is non-refundable.

Successful acceptance in 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. 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 to 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 Fall semester of second 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 US

*Please note that many restrictions apply to US placement for 2002-2003.

Both 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 provide/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.

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 12).
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 a 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.
8. Write a letter of appreciation to facility and request letter of permission to forward name and address of approved facility to CAOT placement service, therefore making formal approval status of the facility.

INTERNATIONAL PLACEMENTS SCHEDULE

Fall Term (U2): reminder to students of deadline for applying for international placements

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 PEOTS are completed at Mid-Term and Final	end of placement

III NON-TRADITIONAL COMMUNITY PLACEMENTS IN OCCUPATIONAL THERAPY

INTRODUCTION

The undergraduate program in Occupational Therapy at McGill is designed to equip the students with the skills, attitudes, and knowledge needed for a career in clinical practice and/or to enter graduate studies in Rehabilitation Science or a related discipline.

Philosophy of the New Occupational Therapy Program at McGill University

Throughout the curriculum, a life span approach is implemented. Self-directed learning is encouraged throughout the curriculum. There is an increased emphasis on health, wellness, health promotion and disease prevention. There is an increased emphasis on management, entrepreneurial and communication skills to participate in expanding professional roles (e.g. consulting, marketing, client advocacy, community program development, etc.).

New Trends in Occupational Therapy Roles

Occupational therapists are more frequently engaged in private clinical practice or employed as consultants by industry, insurance companies, schools and government agencies. There is a broadening scope of practice (i.e. promotion of health and prevention of illness and disability such that it is not just medically based).

The promotion of health and prevention of illness and disability orientation of the Health Care System in Québec

Consumers are playing a more active role in defining their needs. As a result of the restructuring of health care delivery, many rehabilitation services to various clientele (e.g. psychiatry, mental retardation, substance abuse, Alzheimer's, etc.) are based in community agencies.

GENERAL PURPOSE OF THIS PLACEMENT

- C to allow students to learn new roles in community programs/services
- C to produce a therapist more confident to move into non-traditional settings
- C to produce a therapist more skilful in program development
- C to gain experience in identifying clients/agency needs
- C to become familiar with the sociocultural environment of the client(s)
- C to gain experience in resourcefulness
- C to assess program needs
- C to provide staff with an increased understanding of the role of Occupational Therapy within the community
- C to produce a therapist who will be able to relate to both lay and professional people interested in health services

STRUCTURE AND ORGANIZATION

Five or six weeks full-time placement (the second U2 placement, Clinical Affiliation III - 580-321C) will consist of 6 weeks and a U3 placement will consist of 5 weeks). Each agency/program will receive at least 2 students at the same time to encourage peer teaching and learning. Each group of students will be supervised by an Occupational Therapy Faculty Member or an Occupational Therapist working in the community (from now on this person will be referred to as an off-site supervisor).

LEARNING OBJECTIVES

By the end of the placement, the student will have

- C defined the occupational therapy role within the agency/program;
- C identified the clientele/agency concerns or needs, as they relate to occupational therapy;
- C determined how the clientele/agency needs will be met.

SUPERVISION

Each group of students will be supervised by an off-site supervisor (Member of the OEQ) for an average of one ½ day/week. The supervision will be based on a consultative model; the supervisor will provide direction/guidance as needed, as well as discuss Occupational Therapy theories and concepts related to the particular placement. The off-site supervisor will also assist the student in affirming his/her role within the agency/program. Lastly, the supervisor will be used as a ‘sounding board’ for new ideas/concepts, as well as for new approaches to problem-solving. The students will be required to keep a journal to assist them with the reflection process as well as to use it as a planning tool for the supervisory meetings. The pairing of students will offer students the opportunity to discuss and refine ideas amongst themselves, prior to meeting with the off-site supervisor.

EVALUATION

A pass/fail system will be in place. A learning contract will be utilized, in order to establish learning objectives and how they will be achieved (resources, strategies and evaluating outcomes). As well, the agency/program will provide feedback to the off-site supervisor at the end of the placement, so that pertinent information concerning student’s performance can be considered.

PLAN OF ACTION

At the beginning of the placement, each student will be responsible for:

- determining the occupational therapy scope of practice within the agency/program (e.g. in a school setting, the scope of practice would be that of a consultant to the teaching staff).
- identifying the clientele/agency need(s) (e.g. identifying children with developmental delays).
- analysing the identified needs and prioritizing them, in order to determine how they will be met (e.g. targeting only first grade children, from low income families; the need will be met by developing a screening clinic). Each student will present a plan of action to the off-site supervisor and the contact person of the agency/program by the end of the first week of the placement, or at the latest, at the beginning of the second week.

This plan will describe how the clientele/agency needs will be identified and met. When writing this plan, the student(s) should consider the following criteria:

- C well sequenced
- C well organized (time frame, resources to be targeted, etc.)
- C realistic (in terms of time frame)
- C thorough (i.e. all aspects pertaining to clientele/agency needs will be explored)

JOURNAL ENTRIES

Each student will be required to keep a journal. These entries may consist of, but not necessarily be restricted to the following:

- observations/comments about one's learning
- difficulties experienced in defining one's roles
- difficulties in obtaining information
- reflection on one's strengths and weaknesses
- reflection on Occupational Therapy theoretical frames of references as they relate to the placement

Closing comments for the journal (daily):

1. Productive tasks of the day
2. Current frustrations
3. Plan for the next day

The journal will not only help the student reflect on his/her learning, but as well, be used as a tool for communicating with the off-site supervisor.

REFERENCES

Bossers, A. et al. (1997). *Understanding the role-emerging fieldwork placement*. DJOT, April 1997, vol. 64, issue 1, pp. 70-81.

Report of the Curriculum Committee, Spring 1995. School of Physical & Occupational Therapy, McGill University.

Heubner, J. & Tryssenaar, J. (1996). *Development of an occupational therapy practice perspective in a homeless shelter: A fieldwork experience*. CJOT, April 1996, vol. 63, no. 1, pp. 24-32.

FIELDWORK POLICIES

Academic Advancement

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

Failure Policy

Clinical Affiliation II (OCC1-320C) and *Clinical Affiliation III (OCC1-321C)* are given letter grades. 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 placement is mandatory to continue in the program.

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.

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.

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 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:
 - (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 student.
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.
5. To provide the site with a copy of the fieldwork evaluation.
6. To email/fax the immediate supervisor's contact information to the ACCE during the first week of placement.
7. To complete facility evaluation forms and provide facilities with feedback on learning experience.

C. Academic Coordinator of Clinical Education

1. To contact facilities prior to assigning students to a facility.
2. To develop students' 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 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 encourage students to fill out facility evaluation forms so that this information can be used to provide facilities with 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, 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.
11. To ensure that all fieldwork records are kept up to date.

OCC1-335 - OT PRACTICE II: NEUROLOGICAL CONDITIONS

Section A: Conditions
Section B: OT Applied

Credits: 2

Lecturers: **Conditions:** G. Côté-Leblanc, L. Finch
OT Applied: S. Everitt, L. Parent, D. Chin

COURSE STRUCTURE

This course is divided into 2 sections:

Section A: Conditions - 1½ hours per week: lectures and self-directed learning sessions
Section B: OT Applied - 4 hours of lecture/lab per week

LEARNING OUTCOMES

The student will be able to:

1. describe the etiology, pathology, and signs and symptoms of common neurological diseases;
2. outline the medical and/or surgical approach to treatment of the above diseases;
3. appreciate the role of the occupational therapist for given case studies across the life span;
4. formulate a problem list from assessment results and develop treatment objectives (short-term and long-term goals) based on the problem list;
5. describe the principles of Occupational Therapy treatment (i.e. neurodevelopmental, sensory integration, motor learning, Brunnstrom, task-oriented, biomechanical, rehabilitative)
6. recognize and describe abnormal motor and perceptual/cognitive skills, and determine the underlying performance components of these skills;
7. develop treatment strategies based on assessment results, treatment goals, and treatment approaches;
8. utilize a client-centered approach in the treatment of neurological patients of all ages;
9. utilize a self-directed learning approach;
10. describe the impact of neurological conditions on occupational performance.

REQUIRED TEXTS

Perkins, G.D. (1998). *Mosby's Color Atlas and Text of Neurology*. Mosby-Wolfe.
Case-Smith et al. (1996). *Occupational Therapy for Children*.
Zoltan. (1996). *Vision, Perception and Cognition: A Manual for the Evaluation and Treatment of Neurologically Impaired Adult*, (3rd edition).
Trombly. (1995). *Occupational Therapy for Physical Dysfunction*. (Also required for OT Practice I:

Musculoskeletal Conditions - OCC1-236)

Course pack

EVALUATION

Section A: Conditions	20%
Section B: OT Applied	80%
In-class quiz	40%
Group oral case presentation	40%

Detailed descriptions of evaluation procedures will be handed out in the first week of class.

OCC1-336 - OT PRACTICE II: NEUROLOGICAL CONDITIONS - Part II

Section C: OT Applied

Credits: 4

Coordinators: OT Applied: I. Gélinas, A. Majnemer

COURSE STRUCTURE

There are 4 to 6 hours lecture/lab blocks per week.

LEARNING OUTCOMES

The student will be able to:

1. recognize unique roles and arenas of occupational therapy practice within pediatric, adult and geriatric neurological conditions;
2. apply theoretical frameworks and treatment approaches covered in Term A, to cases and problems presented in this course;
3. promote competence in occupational performance domains across the lifespan;
4. utilize a client-centered approach in the treatment of neurological patients of all ages;
5. be cognizant of the occupational therapist's role in specialized areas (e.g. neonatal intensive care unit) and with special populations (e.g. spinal cord injured);
6. be sensitive to the parent's/family's concerns as well as the ethical considerations involved in working with patients and their families;
7. utilize a self-directed learning approach.

REQUIRED TEXTS

Case-Smith et al. (1996). *Occupational Therapy for Children* .

Trombly. (1995). *Occupational Therapy for Physical Dysfunction*. (Also required for OT Practice I: *Musculoskeletal Conditions - OCC1-236*)

Zoltan. (1996). *Vision, Perception and Cognition: A Manual for the Evaluation and Treatment of Neurologically Impaired Adult*, (3rd edition).

EVALUATION

Quiz	20%
2 Assignments	40%
Final Examination	40%

OCC1-337 - OT PRACTICE III: PSYCHIATRY

Credits: 3

Lecturers: **Section A:** N. Lariviere
Section B: S. Laplante

COURSE STRUCTURE

This course is divided into two sections:

Section A: Psychiatric Conditions
Section B: OT as Applied in Psychiatry

SECTION A: PSYCHIATRIC CONDITIONS

COURSE STRUCTURE

One 2-hour block of lectures each week.

LEARNING OUTCOMES

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

1. recognize the signs and symptoms of psychiatric disorders;
2. recognize the functional deficits related to psychiatric disorders;
3. understand the theories of etiology;
4. be familiar with medical treatment (i.e., pharmacological, physical, psychotherapeutic).

COURSE CONTENT

This course will introduce the occupational therapy student to the mental status assessment and diagnosis of psychopathology in the adult. Major categories of psychiatric illness will be discussed in depth and will reflect current evolution in epidemiology and population demography.

Topics:

1. Phenomenology: An introduction to signs and symptoms of abnormal human psychology including the major areas of emotion, thought, perception, memory and higher cognitive spheres. Mental status examination and introduction to DSM-111R.
2. Schizophrenia and other psychotic disorders: Epidemiology, diagnosis, etiology and current treatment will be discussed
3. Mood Disorders: A discussion of the major categories of mood disorders including overview of the history of psychiatry and mood disorders, epidemiology, etiology, diagnosis and treatments.
4. Anxiety disorders: A discussion of the most common anxiety disorders including clinical presentation, etiology and treatment will be presented.

5. Somatoform and eating disorders: Presentation of epidemiology, etiology, diagnosis and treatment.
6. Personality disorders: A discussion of the basic premises underlying the concept and classification of these issues according to DSM IV.
7. Addictive disorders: A look at the impact of alcohol and drug abuse, as well as gambling problems will be presented..

REQUIRED TEXT

Kaplan and Sadock. (1998). *Synopsis of Psychiatry*. (8th edition).

EVALUATION

30% of 580-337 - OT Practice III: Psychiatry

EVALUATION METHOD

To be announced.

SECTION B: OCCUPATIONAL THERAPY AS APPLIED IN PSYCHIATRY

COURSE STRUCTURE

Section B will consist of 2 hours of lectures per week during the first semester.

LEARNING OUTCOMES

On completion of Section B the student will be expected to:

1. integrate the basic concepts of occupational therapy when applied to psychiatric conditions in a life span perspective;
2. understand the structure and milieu provided by the psychiatric settings;
3. become familiar with the domains of concerns and the diverse therapeutic tools and methods involved in the Occupational Therapy therapeutic process;
4. understand the use of different treatment modalities and therapeutic use of activities in psychiatry.

COURSE CONTENT

Part 1: Introduction and Theories in Psychiatry

- C History of Mental Health and the Psychiatric System
- C Occupational Therapy - Domains of Concern

C Theories and Models - Influences on Treatment

Part 2: The Clients

C Introduction to the patient population

Part 3: Assessment

C Assessment and Documentation

C Effective Communication

C Therapeutic Use of Self

Part 4: Treatment

C Treatment Planning, Implementation and Termination

C Therapeutic use of Activities

C An Overview of Child Psychiatry in Occupational Therapy

C Review of Therapeutic Process in Occupational Therapy

REQUIRED TEXTS

Stein, F. and Cutler, S. (2002). *Psychosocial occupational therapy: A holistic approach*, San Diego, CA: Singular Publishing Group, Inc.

Course Pack to be purchased.

EVALUATION

70% of OCC1-337 - OT Practice III: Psychiatry

N.B. The case study and class assignments must be submitted for this course to be completed.

OCC1-338 - OT PRACTICE IV: MENTAL HEALTH

Credits: 3

Lecturers: G. Côté-Leblanc (Coordinator), B. Tallant, N. Lariviere.

COURSE STRUCTURE

This course will consist of two-hour lectures and 2 two-hour laboratory sessions weekly for the entire term.

Section 1: Group Dynamics will include the theories of group dynamics and practical application of groups in the practice of occupational therapy.

Section 2: Therapeutic Use of Projective Techniques will include the theory of projection and the therapeutic use of projective media for treating individuals or groups across the life span.

Detailed information on the course content will be distributed during the first week of class.

GOAL

On completion of the course, the student should:

1. have acquired the skills and knowledge necessary to use groups and projective techniques in a therapeutic manner with clients;
2. gain some self-awareness and personal growth due to participation/observation in the group and projective process in the lab experiences.

LEARNING OUTCOMES

Section 1: Group Dynamics

On completion of the lecture series, the student will:

1. be familiar with theories of group dynamics;
2. understand group development;
3. be familiar with group observation techniques;
4. design therapeutic groups.

The acquisition of this knowledge will be evaluated through written assignments.

On completion of the laboratories, the student will have:

1. summarized the content and process of a group;
2. designed therapeutic groups;
3. led and co-led groups;
4. evaluated a group session;
5. acquired knowledge of normal behaviour in a group;
6. begun the acquisition of interpersonal and communication skills that facilitate both effective and empathetic client relationships in a group setting;
7. demonstrated professional ethics and attitudes as well as the acceptance of the responsibilities of being

a group leader.

Section 2: Therapeutic Use of Projective Techniques

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

1. define and discuss the theory of projection and its relevance to treatment;
2. define and discuss the psychotherapeutic process involved in using projective media with individual patients, groups and families;
3. discuss the development of therapeutic themes for individual patients, groups and families;
4. design treatment programs in occupational therapy selecting the appropriate projective media, themes and therapeutic environment for individual and/or groups of patients and families.

On completion of the laboratories, the student should be able to:

1. discuss and select the therapeutic use of projective media for individual patients, groups and families;
2. to discuss ways of grading, presenting, and/or adapting the projective media;
3. understand, through participation as a group member and/or observer, the therapeutic use of projective activities.

REQUIRED TEXTS

Section 1: Group Dynamics

Posthuma, B.W. (1996). *Small Groups in Counselling and Therapy. Process and Leadership*. (2nd edition). Toronto, ON, Allyn and Bacon.

Section 2: Therapeutic Use of Projective Techniques

Course Pack.

REQUIRED SUPPLIES

Section 1: VHS videotape

During the lab sessions, students will co-lead (in pairs) one group. This group will be videotaped to assist students in learning to analyse group content and process. **Students must supply their own videocassette.**

EVALUATION

Detailed information on the evaluation process will be distributed during the first week of class.

Section 1: Group Dynamics	60%
Section 2: Therapeutic Use of Projective Techniques	40%

OCC1-339 - STRATEGIES FOR INDEPENDENT LIVING

Credits: 2

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

COURSE STRUCTURE

The course will consist of 2-hour lectures and 2-hour laboratory sessions weekly for the entire term.

LEARNING OUTCOMES

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

1. Assess functional capacity of a patient and teach methods of self-care.
2. Assess functional feeding skills, develop a treatment plan and strategies of intervention.
3. Assess wheelchair and adaptive equipment needs.
4. Evaluate architectural barriers and make suggestions for changes.

COURSE CONTENT

- C Activities of daily living and living environment
- C Dysphagia
- C Self care techniques - feeding, dressing, hygiene, skin care, bowel/bladder care
- C Wheelchair and positioning evaluation and prescription
- C Dressing skills
- C Architectural barriers
- C Mobility and transfers

REQUIRED TEXTS

Trombly, C. (Ed.) (1995). *Occupational Therapy for Physical Dysfunction*, (4th edition). Baltimore, Williams & Wilkins. (As required for OCC1-236, OCC1-335, OCC1-336)

Selected Readings (workbook)

EVALUATION

Written Final Examination	40%
Project	35%
Two Homework Assignments	25%

OCC1-340 - ASSESSMENT OF PERFORMANCE II

Credits: 2

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

COURSE STRUCTURE

Four hours per week for 13 weeks: two hours lecture, two hours laboratory. Instructor, student and self-directed learning.

COURSE TOPICS

Section A **INFORMED DECISION-MAKING IN OCCUPATIONAL ASSESSMENT**

- C Introduction
- C Critical analysis of assessment tools
- C Selection of assessment instruments
- C Ethical considerations

Section B **ASSESSMENT OF NEUROMOTOR PERFORMANCE**

- C Introduction
- C General principles of neuromotor evaluation
- C Assessment tools related to neuromotor performance
- C Observation and evaluation of neurological signs

Section C **ASSESSMENT OF COGNITIVE PERFORMANCE**

- C Introduction
- C Assessment of cognitive function
- C Neuropsychological assessment

Section D **ASSESSMENT OF PSYCHOLOGICAL PERFORMANCE**

- C Introduction
- C Contemporary functional psychological assessments in Occupational Therapy
- C Subjective vs. Objective assessments

LEARNING OUTCOMES

On completion of the course the student will:

1. Have an awareness of commonly used assessment tools related to occupational performance in the areas of neurological, neuromotor, cognitive and psychological abilities.
2. Be able to critically evaluate an assessment tool.
3. Be able to choose an appropriate assessment tool that is consistent with a client-centered approach to therapy.

COURSE OUTLINE

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

REQUIRED TEXT

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

REFERENCE TEXT

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%

OCC1-341 - ASSESSMENT OF PERFORMANCE III

Credits: 3

Lecturers: B. Tallant (Coordinator), S. Rouleau

COURSE STRUCTURE

Section 1: Projective Assessment

This section will consist of a two-hour lecture for the first half of the term and a two-hour weekly laboratory session. Section 1 will focus on the use of projective assessments as a measure of psychological performance.

Section 2: Advanced and Computerized Assessment of Daily Living Performance, Environmental Factors and Quality of Life

Section 2 will include advanced and computerized assessment of daily living performance and will address assessment of environmental factors and quality of life issues. A life span approach will be used where applicable.

Detailed information on the course content for each section will be distributed during the first week of class.

OVERALL OBJECTIVES

On completion of the course the student should:

1. be aware of the role of subjective assessments in the clinical management of the occupational therapy client;
2. be aware of the impact of quality of life on the occupational therapy client;
3. be aware of research issues in relation to assessment in occupational therapy.

LEARNING OUTCOMES

Section 1: Projective Assessments

On completion of the section the student will be expected to:

1. define and discuss the theory of projection and its relevance to assessment;
2. analyse patient's productions and associations;
3. select, administer and interpret projective assessments used in occupational therapy;
4. assess and interpret a series of patient productions for purposes of change detection;
5. discuss and compare projective assessments and their relative merits for specific psychiatric clients.

Section 2: Advanced and Computerized Assessment of Daily Living Performance, Environmental Factors and Quality of Life

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

1. discuss and compare computerized assessments and their relative merits for different client populations;
2. formulate and apply assessment plans to differing client cases;
3. select appropriate Quality of Life Scales for different client populations;
4. select and be aware of the methods of administration and interpretation of selected assessments of performance and instrumental activities of daily living.

REQUIRED TEXTS

Section 1: Projective Assessments

Course Pack.

Hammer, E., (1971). *Clinical Application of Projective Drawings*, Springfield, IL, Charles C. Thomas, Pub.

Section 2: Advanced and Computerized Assessment of Daily Living Performance, Environmental Factors and Quality of Life

Readings will be assigned at the beginning of the course.

EVALUATION

Detailed information on the evaluation process will be handed out to students during the first week of lectures.

TERM PAPERS

PROCEDURE FOR FULFILLING TERM PAPER REQUIREMENTS

No paper will be accepted late without an explanation to and on approval by the staff involved, **PRIOR** to the original date of submission. A new deadline may then be arranged between the staff and student **if the staff considers the request to be valid.** Failure to conform to this procedure may mean that the student will automatically receive a mark of "0" for the paper.

GUIDELINES FOR WRITING A TERM PAPER

A. TERM PAPERS

- must be typewritten and double spaced.
- size of paper, 8 ½ x 11", heavy duty, white bond.
- margin: 1" on all sides.
- written in Times New Roman, Arial or Courier New font.

B. SEPARATE PAGE FOR THE FOLLOWING READINGS:

- title page
- abstract
- acknowledgement
- index of contents
- introduction and objective of paper
- presentation
- discussion
- conclusion
- reference or bibliography
- appendix

a) Title page shall contain

- title of article
- author's name
- course number
- professor's name
- date

b) Abstract

- 100 to 250 words may be required (depending on the professor)
- the abstract is a concise statement about what was done, what was found and what was concluded.

c) Acknowledgement Includes

- names and positions of any individuals who have helped in the preparation of the project, in

assessing the results, or in preparing the illustrations or graphs, as well as;

- names of any agency such as professional organizations or the Dominion Bureau of Statistics who have provided data.

d) Index of Contents

- this must be included with their page numbers.

e) Introduction

- this section should introduce the topic and state clearly the objective of the paper as well as define any terms which may not be of common usage and known to every one in the particular context of the paper, for example, a qualified therapist is one who, and an unqualified therapist is one who

f) Presentation

- this part contains the “body” of the paper and it should be subdivided into sections depending on the content. These sub-sections must be listed separately in the index under ‘presentation’.

g) Discussion - Conclusion

- this part should reflect whether the paper has helped to clarify or resolve the original purpose.
- practical implications that could be drawn from the paper could be presented here.
- ideas from the paper that could be useful for further study could also be given.

h) Bibliography or References

The term bibliography is much too pretentious except in the case of a library study which contains a complete list of everything published within specified limits about the subject.

References (books, personal comments, documents, articles) are sources through which the author has obtained information. The value of an article is not measured by the number of references and they should not be included merely to impress the professor. The worst sin is to include a list of references which have never been read or seen by the author.

All references, be they ideas or fact from work of another person, must be documented. If they are not, this constitutes “PLAGIARISM”.

See Section on “Plagiarism”.

TERM PAPERS

The referencing system of the American Psychological Association (APA) may be used for term papers.

Reference Citations in Text

References are to be cited by the author - date method; that is, the surname of the author and the year of publication are inserted in the text at an appropriate point:

_____ Mosey (1974) compared reaction times.
_____ In a recent study of reaction times (Mosey, 1974)

This method gives useful information in the text and enables the reader to locate the citation easily in the alphabetical reference list.

If a paper has two authors, always cite both names every time the reference appears in the text:

Smith and Jones (1975) discovered.

If a paper has more than two authors, cite all authors the first time the reference occurs; include only the surname of the first author followed by 'et al' and the year in all subsequent citations of the same reference.

Williams, Jones and Smith (1975) discovered.....
Williams, et al. (1975) found.....

Multiple citations in parentheses at the same point in text follow the order of the reference list. Therefore, multiple citations of the same author are arranged in chronological order, separated by commas, and the author's name is not repeated for each work. In citing more than one paper by the same author in one year, the suffixes a, b, c, etc., are added after the year, and the year is repeated. (These same suffixes are used in the reference list). In-press citations come last.

Recent studies (Jones, 1956, 1958, 1966a, 1966b, in press-a, in press-b) have shown.

If different authors are cited at the same point in text, the citations are arranged alphabetically by authors' surnames, separated by a semi-colon, and enclosed in one pair of parentheses.

Recent studies (Brown & Smith, 1965; Smith, 1962, 1964; Williams, 1971) have shown.

Reference Lists

The reference list at the end of each journal article establishes the authority of the article by citing material publicly available. Authors should choose references wisely and only include sources that readers can retrieve. A reference list cites works that specifically support a particular article. This is in contrast to a bibliography, which cites works for background or further reading. References cited in text must appear in

the reference list, and conversely, each entry in the reference list must be cited in text. The author must make certain that references appear in both places and are in agreement.

All references should be prepared in the following style:

Sequence

Arrange the elements in a reference entry in the following order:

Author: all authors of the work, with surnames and initials (not full name) in inverted order.

Date of publication.

Title: article, chapter, or book.

Facts of publication: For journals - journal name in full, volume number, inclusive pages.

For books - city of publication, publisher's name.

Punctuation

Use periods to separate the three major subdivisions of a reference citation: author, title, and publication data. Use commas within the subdivisions (e.g. between date and volume number in a journal entry).

Use a colon between the place of publication and the book publisher. Use parentheses for extensions, qualifications, or interpretation of each subdivision for the entire entry.

Periods separate the subdivisions:

'Author, J.P.' 'Year' 'Title of the work.' 'Publication data'

Commas separate within subdivisions:

Publication date for journal

'American Psychologist, 28, 376-384.'

Publication data for a book:

'Academic Press'

A colon separates the place of publication and the publisher:

'New York:: Academic Press'

Capitalization

Capitalize entries according to the following:

Journal titles: Capitalize the first letter of the first word of the title.

Article, chapter, or book titles: Capitalize the initial letter of the first word only. Make exceptions according to common usage, such as capital letters for proper names, first word of a title within a title, and first word after a colon or dash.

Abbreviations

Titles of journals are not abbreviated; they are spelled out in full.

Arabic numerals

Although some volume numbers of books and journals are given in roman numerals, APA journals use Arabic

numerals for all numbers in reference lists (e.g., Vol.3, not Vol. III).

Examples of Reference Citations

Journals

- a) Journal article, one author.
Harlow, H.F. (1962). Fundamental principles for preparing psychology journals, articles. Journal of Comparative and Physiological Psychology, 55, 893-896.
- b) Magazine article, no author.
The blood business. (1972, September 11). Time, pp. 47-48.

Books

- 1. Book and two authors, second edition, Jr. in name.
Strunk, W., Jr., & White, E.B. (1979). The elements of style (3rd ed.). New York: Macmillan.
- 2. Article in an edited book, two editors, one volume of multivolume work.
Riesen, A.H. (1966). Sensory deprivation. In E. Stellar & J.M. Sprague (Eds.), Progress in physiological psychology: Vol. 1 (pp. 239-252). New York: Academic Press.

Online Journals

Author (Year). Title. Journal Title [Type of medium], volume (issue), paging or indicator of length. Available. Supplier/Database name/Item or accession number [Access date].

Example:

Clark, D. (1998). APA is easy! Writing Skills for Nursing Students, [Online] 1(1), 15 paragraphs. Available. [Http://www.gcse.edu/~djclark/skills/apa.htm](http://www.gcse.edu/~djclark/skills/apa.htm) [1999, January 1].

FOOTNOTES

Acknowledgement and author identification:

Standard footnotes of acknowledgement and author identification appear on the first page of an article.

Content footnotes:

Content footnotes are explanations or amplifications of the text. Because they are distracting to readers they should only be included if they strengthen the discussion.

Table Footnotes:

Table footnotes are appended only to a specific table.

Numbering of Footnotes:

Text footnotes should be numbered consecutively throughout the article with

mentioned, superscript Arabic numerals. If, after a footnote occurs it is later

use a parenthetical note “(see Footnote 3)”, rather than the superscript number.

table with Footnotes to a table should be lettered consecutively within each superscript lowercase letters.

i) Appendix

An appendix, although rarely used, is helpful under certain circumstances. If describing certain materials in depth would be distracting or inappropriate to the main body of the paper, you might include an appendix.

Some examples of suitable material for an appendix are:

- a) sample of questionnaires, evaluation forms, etc.
- b) a list of materials used in the study.
- c) samples of patients’ productions.

The criterion for including an appendix should be whether it is useful to the reader in understanding, evaluating, or replicating your study. Material of either general or specialized interest should not be presented for its own sake. If an appendix is used, the reference in text should read:

(See Appendix A for complete derivation).

AUDIOVISUAL GUIDELINES

GENERAL INFORMATION

The School has a small video-library which is stored in Hosmer House, Room 11 in the basement. Contents are indexed, filed in order and listed in a folder in Hosmer House, Room 11.

If you wish to use these materials, present your student ID card to Mr. Alan Hammaker, the Chief Technician in Hosmer House, Room 11, who will help you locate the suitable materials and will ask you to fill out a loan card. Your ID card will be returned to you once the borrowed materials are returned.

You may view audiovisual material in the Health Sciences Library in the McIntyre Medical Sciences Building, and by special arrangement in Hosmer and Davis Houses if School equipment and rooms are available.

RULES AND REGULATIONS

1. All audio-visual material to be borrowed **MUST BE SIGNED IN AND OUT**. A yellow loan card for this purpose is available in Hosmer House, Room 11.
2. Instruction sheets and pamphlets are available for all items of equipment. They are filed alphabetically by manufacturer in Hosmer House, Room 11. **STUDENTS MUST LEARN THE CORRECT METHOD OF OPERATION OF ALL EQUIPMENT BEFORE USE.** If you are having problems operating the equipment, please contact your course coordinator. If the equipment is not functioning properly, please contact Mr. Alan Hammaker in Hosmer House, Room 11 (398-4516) immediately.
3. Immediately after viewing, all audio-visual materials must be returned to Hosmer House, Room 11.
4. Any equipment in need of repair should be reported to Mr. Alan Hammaker immediately.

TEACHING SLIDES

A file index of slide topics is in Hosmer House, Room 11 along with the slide collection. These are also available for loan on the same basis as other audio-visual materials.

CATALOGUES

A small selection of video-tape and film catalogues is available in Hosmer House, Room 11.

LIBRARY

The McIntyre Health Sciences Library is the main reference and lending library for students in the School of Physical and Occupational Therapy. The following are a few of the pertinent journals available:

Canadian Journal of Occupational Therapy
American Journal of Occupational Therapy
British Journal of Occupational Therapy
Physiotherapy Canada
Physical Therapy (Journal of the American Association)
Journal of Orthopaedic and Sports Physical Therapy
American Journal of Physical Medicine
Rheumatology and Rehabilitation
Developmental Medicine and Child Neurology
Orthotics and Prosthetics
Scandinavian Journal of Rehabilitation Medicine
International Journal of Rehabilitation Research

GENERAL INFORMATION

The McIntyre Health Sciences Library

- a) Journal Stack Sections - Journals are placed in the STACK SECTION corresponding to the TITLE of the journal, e.g. AJOT was the title for the American Journal of Occupational Therapy for the years 1978/79, therefore look under AJOT. Prior to and following these dates, the title was changed to ‘American Journal of Occupational Therapy’, therefore it is now necessary to look under American Journal of Occupational Therapy.
- b) The Subject Micro Catalogue System - gives information about journals relevant to occupational therapy and physical therapy. Look up . . . ‘Occupational Therapy’ or ‘Physical Therapy’.
- c) Index Medicus and Excerpta Medica - will assist in providing relevant reference material and are invaluable when writing term papers.
- d) Journals published prior to 1961 are on the 2nd floor of the McIntyre Medical Sciences Library, those published in 1961 and after are on the 3rd floor.

THE SCHOOL OF PHYSICAL AND OCCUPATIONAL THERAPY

**GUIDELINES FOR THE USE OF THE PHYSICAL AND OCCUPATIONAL THERAPY
UNDERGRADUATE AND GRADUATE COMPUTER LABORATORY**

LOCATION

This computer laboratory of twelve stations is for the exclusive use of the Physical and Occupational Therapy students and is located on the second floor, Room 201D and 201E (situated to the left and right of rooms 235 and 234) of the McIntyre Medical Sciences Building, 3655 Promenade Sir-William-Osler.

HOURS

The laboratory will be open 24 hours a day.

ACCESS

All Physical and Occupational Therapy students will have their own NT account instead of logging on with the general student account. The student's user name will have the structure of the first 5 letters of their last name and the last two digits of his/her graduating year, example: John Smith, Graduating Year 2000, would have a user name of Smith00. If there are two or more Smith family names, then the user name would be Smith001, Smith002. Students have a last name shorter than 5 letters will have their full last name. The initial password will be the student's ID number which is located below his/her name on his/her ID card. It usually takes the form of 9XXXXXX.

The default client that has been chosen is Outlook Express. Email accounts have also been created for you. The user name is the same as your NT user name (see example above). Email will only have to be set up once; these settings will then be retained on the server after you logoff. This means that when you logoff and come in the next day, the email setup will be downloaded from the server.

In order to change your password, follow the instructions given at the website: <https://www.medcor.mcgill.ca/management/cyrusaccpasswd.html>. In order to set up Outlook Express, follow the instructions from website http://www.medcor.mcgill.ca/email/outlook_setup.htm.

Students also have space on the NT server where they may save files. By default, when you choose save from Word, it will take you to your folder on the server. From Explorer you can see that there is a mapped drive with the letter K:, this contains all the folders on the server for your class year. You will see all the folders for your class year but you will only have access to your own folder. This data will be backed up every night. All data on the local PC is not backed up. There is also a 35 MB Quota set per user. If you surpass this quota you will not be able to save anymore and you must perform some cleanup.

In order for other students to use the computer, you must logoff. To logoff, you click on Start and select Log Off. If you do not logoff your account is left open and may be used by the next student. This means that they can read your email or any files that you have saved on the server. All accounts will be automatically logged off after 30 minutes of inactivity, all open files will be closed but not saved. In order to change your NT password, you must logon and then press Ctrl + Alt + Delete and then click on the Change Password Button.

Any comments or questions should be directed by email to pravin.mistry@mcgill.ca

August 4, 1999

OCCUPATIONAL THERAPY ASSESSMENT LIBRARY

The Occupational Therapy Library of Assessments is the learning resource of the Occupational Therapy program. The goal of the Occupational Therapy Library is to provide Occupational Therapy students with resource materials (primarily clinical assessments), for course related purposes.

LIBRARY OPERATION

The library is located in Hosmer House, Room 13. An updated library timetable is posted on the door of Hosmer House, Room 13. All materials must be returned directly to the library during library hours.

CLASSIFICATION SYSTEM AND LENDING PROCEDURES

A complete inventory list is kept at the library.

Students must return the items promptly and in the same condition as when borrowed. Most items have a two-day loan policy but some items are restricted to use within Hosmer House, Room 13 only. It is the student's responsibility to report any lost, stolen or damaged items. Students **must** show their McGill ID at the time of the loan transaction.