



**McGill**

**SCHOOL OF PHYSICAL AND OCCUPATIONAL THERAPY**



**COURSE GUIDE 2008-2009**

**B.Sc. OCCUPATIONAL THERAPY PROGRAM**

**U3**

**Welcome to the School of Physical and Occupational Therapy  
for the 2008-2009 Session**

You have been accepted into a challenging and exciting 105 credits seven-semester Program over three years leading to a

***B.Sc. Occupational Therapy***  
***or***  
***B.Sc. Physical Therapy***

**Year III                      2008-2009**

- Fall 2008 Semester (9-week academic block, 5-week clinical block); and
- Winter 2009 Semester (5-week clinical block, 8 week academic block).

**This curriculum has been designed to prepare the Occupational Therapist or Physical Therapist for the Year 2009 and beyond.**

The two undergraduate Programs at the School of Physical and Occupational Therapy at McGill are designed to prepare a student to enter graduate studies in Occupational Therapy or Physical Therapy.

The knowledgeable and effective practice of Occupational or Physical Therapy in today's society requires students in these disciplines to develop life long learning skills.

The undergraduate Programs are responsible for initiating this value system and its related behaviors. The goal of these Programs is to educate individuals who will strive to achieve the highest ethical and performance standards and to prepare them for Professional Graduate Programs.

After completion of the Undergraduate and Graduate Professional Programs, the graduate will be expected to:

- have acquired a knowledge of normal and abnormal physiology and behavior across the lifespan.
- have acquired the skills required to obtain relevant information from clients and other sources and to organize and interpret this information for making clinical decisions
- critically assess, analyze problems and propose solutions across various practice settings and environments.
- have acquired the knowledge and skills necessary for entry-level practice.
- have the adaptability to meet various professional roles as a scholarly practitioner, treatment or research team member, educator, administrator/practice manager, consultant, innovator and change agent.
- have the ability to critically appraise the rehabilitation literature and to integrate new scientific information for treatment planning.
- have acquired an appreciation of the medical, psychological and social and spiritual aspects of illness and disability.
- be committed to health promotion and the facilitation of health, function and participation.

- have acquired interpersonal and communication skills that facilitate both effective and empathetic relationships with clients/family members/care givers.
- have acquired professional ethics and attitudes and accepted the responsibilities of a professional.
- comprehend the necessity for ongoing education and self-directed learning.
- have attained the knowledge, aptitudes and competencies necessary for licensure and certification in keeping with provincial, national and international requirements.
- have the administrative knowledge, management skills and attitudes requisite for effective interaction within the health care system.

***Dr. Maureen Simmonds  
Director  
School of Physical and Occupational Therapy***

***Professor Adriana Venturini  
Interim Director  
Physical Therapy Program  
Associate Director  
School of Physical and  
Occupational Therapy***

***Professor Sandra Everitt  
Director  
Occupational Therapy Program  
Associate Director  
School of Physical and  
Occupational Therapy***

## **Preamble**

For your convenience, this Course Guide has been divided into three Sections

- I. Rules and Regulations for Student Evaluation and Promotion
- II. Important Information for Students to Know
- III. B.Sc. Occupational Therapy U3 Curriculum

The purpose of this guide is to give the student an appreciation of the scope and orientation of the professional courses in the Occupational Therapy Program. The guide should be read **carefully** before each course commences. The required texts should be bought in advance of the course and all pertinent information concerning procedure, type of classes, dress required, examination procedure, etc., should be noted.

## **Mission Statement of the School of Physical and Occupational Therapy**

Excellence in research and teaching is the foundation and tradition of the School of Physical and Occupational Therapy at McGill University. The faculty educates professionals and, through research, generates the body of knowledge, which guides our professions to advance the health, function and participation of the individual in society.

Our means to achieve this:

As members of the McGill community, we affirm our position of leadership in the international arena. We optimize the potential of the individual by developing the concepts for implementing scientifically based approaches to rehabilitation methods and technologies.

(Approved at the faculty retreat, 6-11-01)

## **Mission Statement of the Occupational Therapy Program**

"The Mission of the Occupational Therapy Program at McGill University is to educate our students to become leaders and innovative practitioners of Occupational Therapy who are skilled in clinical expertise and in the weighted use of evidence within the context of client, environment and occupational tasks."

## **Educational Philosophies of Occupational Therapy**

### **Philosophy of Education**

Our philosophy of education is based on the followed guiding principles:

#### The Use of Evidence

- Evidence based learning activities
- Evidence based practice
- Outcome assessment

#### Reasoning

- Clinical reasoning
- Interactive reasoning
- Reflective reasoning

#### Adult Learning Methodologies

- Self-directed learning
- Small group activities
- Case based activities
- Problem based learning

#### Communication

- Communication skills
- Interpersonal & professional

#### Education of an autonomous professional

Lifespan perspective

Promotion of health and prevention of illness

Client-centred practice

### **Goals**

To prepare Occupational Therapists who possess the essential competencies to work effectively within a changing health care milieu in the context of the societal/cultural influences of both the national and the international community, to analyze the impact of occupation on health and quality of life in order to restore a functional interaction between the client and the environment:

- Through the application of a client-centred model to work with people of all ages, from infancy through midlife to old age, to enable them to face physical, emotional or social barriers.
- To promote a balance between the client's occupations in self-care, productivity and leisure in order to increase independent function, enhance development, prevent disability and/or handicap and promote participation.

As such, an essential goal in our Program is to foster independent, self-motivated, self-regulated thinkers and learners. Students who acquire these competencies can then profit from today's information rich society, think critically about what they find, and select and integrate knowledge.

The global goal of the Occupational Therapy Program is to provide a unique professional education of the Occupational Therapy student that focuses on the components central to Occupational Therapy practice. This education is client-centred, ethical, evidence-based, and prepares the student to meet the physical, cognitive, emotional and spiritual needs of clients. Students will be prepared to assume necessary professional roles to advance the profession, to meet the health care needs of the future and to expand the knowledge base of the profession through research.

The Occupational Therapy faculty strive to educate professionals who will be capable of generating new knowledge as well as being informed users of currently existing knowledge. It is recognized that Occupational Therapists will need knowledge specific to Occupational Therapy along with information of the broader health care issues and health systems that effect consumers and potential consumers of our services.

The educational Program is structured on the student's need for:

1. the acquisition of knowledge and skills,
2. critical thinking and problem-solving processes,
3. professional values and behaviours that will enable students to practice Occupational Therapy with the highest ethical and performance competencies, while using a framework that is inclusive and respectful of cultural diversity.

The educational Program is framed with the specific objectives of creating students who are competent, on an ongoing basis, in acquiring knowledge regarding:

1. enabling occupation
2. evidence based and scholarly practice
3. clinical reasoning
4. outcome assessment
5. lifespan perspective
6. promotion of health
7. prevention of illness
8. client-centred practice
9. inter-personal and professional communication skills
10. advocacy for those requiring or receiving Occupational Therapy services
11. autonomy of practice including the ability to diagnose key conditions, assess appropriately and choose effective interventions that are evidence-based and client appropriate, and to assess the outcomes of interventions.
12. ongoing education and self-directed learning
13. knowledge, attitudes and competencies necessary for licensure and certification in keeping with provincial and national requirements.
14. the knowledge skills and attitudes requisite for effective administration/practice management within the health care system.



# COURSE GUIDE

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| <b>Table 1: Services/ Support to Students with Contact information</b>  |  |
|---|--|
| <b>Service or Support</b>   | <b>Contact Person and contact information</b>  |
| Within the School of Physical and Occupational Therapy  |  |
| <ul style="list-style-type: none"> <li>• Registration</li> <li>• Course changes/add/drop</li> <li>• Intra university transfer</li> <li>• Credit exemption</li> <li>• Supplemental deferrals</li> <li>• Exam conflicts</li> </ul>  | Ms. Marlene Brettler<br>Hosmer House Room 100<br>Tel: (514) 398-4500<br>Fax:(514) 398-6360<br>e-mail marlene.brettler@mcgill.ca  |
| <ul style="list-style-type: none"> <li>• C.P.R. certification</li> <li>• PDSB Course</li> <li>• Clinical placement supervision information</li> <li>• Immunization</li> <li>• Appointments with the ACCE</li> </ul>   | Ms. Croce Riggi<br>Davis House Room D5<br>Tel: (514) 398-1293/6561<br>Fax:.(514) 398-6360<br>e-mail: croce.filteau@mcgill.ca<br>e-mail: caroline.storr@mcgill.ca   |
| <ul style="list-style-type: none"> <li>• Audiovisual equipment lending or arrangements</li> <li>• Learning aids e.g. CD's, skeletal material, Videos</li> <li>• Room booking (non academic) e.g. student meetings, variety show rehearsal, etc.</li> </ul>  | Mr. Alan Hammaker<br>Hosmer House Room 100<br>Tel:(514) 398-4516<br>Fax:(514)398-8193<br>e-mail: alan.hammaker@mcgill.ca   |
| <ul style="list-style-type: none"> <li>• Support to sessional lecturers/faculty</li> <li>• Co-ordination for course evaluations</li> <li>• Purchase of course packs</li> <li>• Access to (key for) coach house</li> <li>• Lost and found</li> </ul>   | Ms Irene Bonkowsky<br>Hosmer House Room H100<br>Tel:(514)398-4517<br>Fax:(514)398-8193<br>e-mail:irene.bonkowsky@mcgill.ca   |
| <ul style="list-style-type: none"> <li>• Assessment Library</li> </ul>  | Mr. Robert Everitt<br>Hosmer House Room H13<br>Tel: (514) 398-2048<br>e-mail: library.spot@mcgill.ca   |
| Within the University   |  |
| <b>STUDENT SERVICES -</b><br>Dean of Students Office <ul style="list-style-type: none"> <li>• Athletics</li> <li>• CAPS Career and Placement Service</li> <li>• Chaplaincy Service</li> <li>• Counselling Service</li> <li>• First Peoples House</li> <li>• First Year Office</li> <li>• Health Services &amp; Dental Clinic</li> <li>• International Student Services</li> <li>• Mental Health Services</li> <li>• Students With Disabilities</li> <li>• Tutorial Service</li> <li>• Student (Financial) Aid Office</li> <li>• Residences &amp; Student Housing</li> <li>• Student Housing (Off campus)</li> <li>• First Year Assistance for Francophone Students</li> </ul> | www2.mcgill.ca/stuserv<br>Tel 514-398-3825 <ul style="list-style-type: none"> <li>• Tel: 514-398-7000</li> <li>• Tel: 514-398-3304</li> <li>• Tel: 514-398-4104</li> <li>• Tel: 514-398-3601</li> <li>• Tel: 514-398-3217</li> <li>• Tel: 514-398-6913</li> <li>• Tel: 514-398-6017</li> <li>• Tel: 514-398-4349</li> <li>• Tel: 514-398-6019</li> <li>• Tel: 514-398-6009</li> <li>• Tel: 514-398-6011</li> <li>• Tel: 514-398-6013</li> <li>• Tel: 514-398-6368</li> <li>• Tel: 514-398-6010</li> <li>• Tel: 514-398-6913</li> </ul> |
| POTUS   | See separate page  |

## List of Committees with Student Representation

The School of Physical and Occupational Therapy values the input of our students in all academic, social and administrative functions. The following is a list of committees with student representation.

| <b>Table 2: List of Committees with Student Representation</b>               |                    |                         |
|--|--------------------|-------------------------|
| Name of Committee  | Student Based only | Student & Faculty Based |
| <b>Fitness Center</b>  | √                  |                         |
| <b>Golden Key Honors Society</b>   | √                  |                         |
| <b>Graduate Committee</b>  | √                  |                         |
| <b>Intramural Sports Team</b>  | √                  |                         |
| <b>Physical and Occupational Therapy Undergraduate Society (POTUS)</b>       | √                  |                         |
| <b>Canadian Association of Occupational Therapists (CAOT) Representative</b> |                    | √                       |
| <b>Curriculum Committee</b>  |                    | √                       |
| <b>Clinical Advisory Committee</b>   |                    | √                       |
| <b>Curriculum and Development Committee</b>                                  |                    | √                       |
| <b>L'ordre des ergothérapeutes du Québec (OEQ)</b>                           |                    | √                       |
| <b>OT Faculty Meetings</b>   |                    | √                       |
| <b>School of Physical and Occupational Therapy Faculty Meetings</b>          |                    | √                       |
| <b>Student Staff Liaison Meetings</b>  |                    | √                       |

**Table 3:****POTUS***PHYSICAL AND OCCUPATIONAL THERAPY UNDERGRADUATE SOCIETY 2008-2009*

| <b>TITLE</b>               | <b>NAME</b>   | <b>E-MAIL</b>  |
|----------------------------|---|--|
| <b>President</b>           | Gabriel Charlebois  | gabriel.charlebois@mail.mcgill.ca  |
| <b>VP PT</b>               | Kerianne Boulva   | kerianne.boulva@mail.mcgill.ca   |
| <b>VP OT</b>               | Sen Zhan  | sen.zhan@mail.mcgill.ca  |
| <b>VP Administration</b>   | Samrah Sher   | samrah.sher@mail.mcgill.ca   |
| <b>VP Finance</b>          | Jessica El Bared  | jessica.elbared@mail.mcgill.ca   |
| <b>VP External</b>         | TBA   |  |
| <b>VP Internal(Social)</b> | Tiffany Hunting<br>Kathleen Smith                         | tiffany.hunting@mail.mcgill.ca<br>kathleen.smith3@mail.mcgill.ca   |
| <b>PT U3</b>               | Brittany Sacha<br>Catherine Halliday                      | brittany.sacha@mail.mcgill.ca<br>catherine.garneau-halliday@mail.mcgill.ca                                     |
| <b>OT U3</b>               | Jonathan Perusse<br>Betty Darsaklis                       | jonathan.perusse@mail.mcgill.ca<br>vasiliki.darsaklis@mail.mcgill.ca   |
| <b>PT U2</b>               | Scott Kohen<br>Xue (Lily) Yang                            | scott.kohen@mail.mcgill.ca<br>lily.yang@mail.mcgill.ca   |
| <b>OT U2</b>               | Priya Kalsi<br>Jacqueline Nguyen                          | priya.kalsi@mail.mcgill.ca<br>jacqueline.nguyen3@mail.mcgill.ca  |
| <b>PT U1</b>               | TBA<br>TBA  |  |
| <b>OT U1</b>               | TBA<br>TBA  |  |
| <b>CAOT/OEQ</b>            | Valerie Martel<br>Gia Hung Lieu                           | valerie.martel@mail.mcgill.ca<br>gia.lieu@mail.mcgill.ca   |
| <b>CPA/OPPQ</b>            | Kathleen Winter<br>Dumitru Dragutan                       | kathleen.winter@mail.mcgill.ca<br>ddragutan@yahoo.com  |
| <b>OT Curriculum</b>       | Guy Pham  | guy.pham@mail.mcgill.ca  |
| <b>PT Curriculum</b>       | Junyi Qian  | junyi.qian@mail.mcgill.ca  |
| <b>Athletics</b>           | Peter Yousef<br>Sebastien Mubayed                         | peter.yousef@mail.mcgill.ca<br>sebastien.mubayed@mail.mcgill.ca  |
| <b>CLOM/Technical</b>      | TBA   |  |
| <b>Grad Committee</b>      | Audrey C. Demers<br>Daniela Loncaric<br>Genevieve Denoury | audrey.charpentierdemers@mail.mcgill.ca<br>daniela.loncaric@mail.mcgill.ca<br>genevieve.denoury@mail.mcgill.ca |
| <b>Fundraising</b>         | Claudia Laurin<br>Mariem Abidar                           | claudia.laurin@mail.mcgill.ca<br>mariem.abidar@mail.mcgill.ca  |
| <b>Frosh Director</b>      | Giannoula Mentakis<br>Marie-France Laurin                 | giannoula.mentakis@mail.mcgill.ca<br>marie-france.laurin@mail.mcgill.ca  |

# I. Rules and Regulations for Student Evaluation and Promotion

## Introduction

The goal of the undergraduate Programs in Occupational Therapy and Physical Therapy is to provide the students with the skills, knowledge, attitudes and behaviours required to meet the stringent standards of licensure and to excel in the practice of the profession.

Information outlined in this section supplements the 2008-2009 McGill University Health Sciences Calendar, Section 8.4 Student Evaluation and Promotion, pages 132-136 inclusively.

## Evaluation and Promotion

Students progress through the Program by successful completion of successive promotion periods.

Students will not be permitted to proceed to the next promotion period unless they have met all criteria of the current promotion period. Students with incomplete coursework (eg. failed or deferred courses) may not commence the professional courses in the subsequent Promotions Period until the incomplete courses have been successfully completed. This means that the courses must be passed.

**Students currently in the U3 program should be aware that 2008-2009 is the final year that U3 courses will be offered. No repetition of courses will be offered. If supplemental exams or remedial work are not successful, the student will be required to withdraw from the BSc (OT) or BSc (PT) Program.**

U3 students may be required to remain in the same promotion period because a) they are repeating one or more courses, or b) they have deferred courses. These U3 students will be considered to be repeating a promotion period while they complete the course or courses that are outstanding.

### 1. Marks

An overall final mark of 60% (C+) is required to pass the courses with a designation of POTH, PHTH or OCC1. Similarly, the passing grade on any remedial activity or supplemental examination is 60% (C+) for these courses. The passing grade for other courses is 55% (C). Equivalent elective/complementary courses or anatomy and physiology equivalent courses taken at other educational institutions (e.g. TELUQ courses) must be passed with a letter grade of 55% (C) or better according to the credit system of the host university. The letter grades take precedence over numerical marks.

Students should be aware that courses having different sections, practical and theoretical components or individual and group work have specific criteria for promotion:

**1.1 In any course which is subdivided into sections**, each student must achieve a passing grade in each of the sections, as well as in the overall course, in order to receive a passing grade for the course. If the overall course mark is a failure, the student will be permitted to write a supplemental exam in this course. If the overall course mark is a pass, but one section is a failure, the course mark is withheld from the record. The student must undertake remedial work in that failed section and successfully pass the additional evaluation within 30 days of being advised of the original mark. If the additional evaluation is successfully passed, the original final course mark is then recorded. Students will have only one opportunity to attain a passing grade through remedial work. No further supplemental exams will be permitted. Failure in remedial work will result in a final grade of “D” (failure) for the whole course.

**1.2 In any course which comprises both theoretical and practical evaluation components**, each student must achieve a passing grade in each of these components, as well as in the overall course, in order to receive a passing grade for the course. If the overall course mark is a failure, the student will be permitted to write a supplemental exam in this course. If the overall course mark is a pass, but one component is a failure, the course mark is withheld from the record. The student must undertake remedial work in that failed component and successfully pass the additional evaluation within 30 days of being advised of the original mark. If the additional work is successfully passed, the original final course mark is then recorded. Students will have only one opportunity to attain a passing grade through remedial work. No further supplemental exams will be permitted. Failure in remedial work will result in a final grade of “D” (failure) for the whole course.

**1.3 In any course which comprises both individual and group evaluation components**, each student must achieve a passing grade in each of these components, as well as in the overall course, in order to receive a passing grade for the course. If the overall course mark is a failure, the student will be permitted to write a supplemental exam in this course. If the overall course mark is a pass but one component is a failure, the course mark is withheld from the record.. The student must undertake remedial work in that failed component and successfully pass the additional evaluation within 30 days of being advised of the original mark. If the additional work is successfully passed, the original final course mark is then recorded. Students will have only one opportunity to attain a passing grade through remedial work. No further supplemental exams will be permitted. Failure in remedial work will result in a final grade of “D” (failure) for the whole course.

## **2. Attendance**

Students will be required to attend all small group and laboratory sessions, including Clinical Reasoning Workshops and Seminars, and are expected to attend all other course-related activities outlined in the course description and/or syllabus. For an absence (e.g., compassionate or medical reasons) to be approved, the absence must be supported by written documentation, such as a medical certificate (in the case of a medical reason), and submitted to the Program Director. The Program Director, at his or her entire discretion, may request additional information before approving the absence.



Students who have missed more than 10% of laboratory or small group sessions, or who miss any required professional workshop or seminar, without prior approval, will receive 0/10 for participation in the course. If a course does not have a participation mark, then the final course mark will be deduced by a 10% mark. This rule applies to labs and to all required workshops, seminars or professional activities.

No absences are permitted during any clinical fieldwork or visits. Any absences for illness or compassionate reasons must be documented at both the site and the School and the time must be made up. They must be approved by the Program Director.

### **3. Student Standing**

A student's overall standing in the Occupational and Physical Therapy Programs will be recorded as Satisfactory, Probationary or Unsatisfactory. In order to graduate, students must be in satisfactory standing.

#### Satisfactory Standing

- a McGill cumulative grade point average (cGPA) of 2.7 or above.
- A term GPA (tGPA) of 2.51 or greater.
- Failure and/or incomplete in  $\leq 1$  academic course in an academic year.
- Professional behaviour that meets program standards.

#### Probationary Standing

- Failure and/or incomplete in two (2) or more academic courses in an academic year
- A cGPA between 2.3 and 2.69.
- A term GPA (tGPA) of  $\leq 2.5$ .
- Unprofessional behaviour: Since Occupational Therapy and Physical Therapy are professions, our programs have more rigorous standards of behaviour than other programs. Professional behaviour is expected of students throughout their education, whether in a class or clinic setting. Lack of professional behaviour will result in the student being placed on probationary status. Unprofessional behaviour is defined in the Code of Student Conduct, Handbook of Student Rights and Responsibilities, Chapter 3. Academic or non-academic offences as defined in the Handbook of Students' Rights and Responsibilities are also considered unprofessional behaviour.
- One (1) failure in a clinical affiliation.
- Failure in a course which is followed by failure of the supplemental examination.
- Failure to take the supplemental examination.
- Failure in a deferred examination.
- Remedial work in two or more courses in the same term.

A Student in Probationary Standing may be required:

- to pursue specific remedial activity to address areas of weakness;
- to meet specific performance criteria for subsequent Promotion Periods;
- to meet on a regular basis with the Program Director and/or delegate;

- to complete all clinical affiliations at McGill sites.

A student who is placed in Probationary Standing is automatically monitored by the OTPRC/PTPRC. The OTPRC/PTPRC may require the student to remain in Probationary Standing, undertake a remedial activity, or repeat a Promotion Period or repeat courses within that Period.

#### Unsatisfactory Standing

- Failure of a second clinical affiliation.
- cGPA < 2.3.
- Failure of more than seven (7) credits of course work in an academic year.
- Failure of a repeated professional course or required science course.

Students in unsatisfactory standing are required to withdraw from the Program.

#### **4. Promotion Periods**

**Students currently in the U3 program should be aware that 2008-2009 is the final year that U3 courses will be offered. No repetition of courses will be offered. If supplemental exams or remedial work are not successful, the student will be required to withdraw from the BSc (OT) or BSc (PT) Program.**

Due to the sequential nature of the curriculum, students will not be permitted to advance to subsequent promotion periods until all criteria of the previous promotion period are met. Students who are repeating courses or have deferred or incomplete courses will be considered to be repeating the promotion period. During a repeated promotion period, students are permitted to take optional or complementary courses; however, other courses within the Program may only be taken with the permission of the Program Director and the appropriate Program Promotion and Review Committee (OTPRC/PTPRC).

A student with two (2) failures within a Promotion Period will be required to repeat the promotion period as confirmed by the OTPRC/PTPRC.

Failure in any Program course during a repeat promotion period will require the student to withdraw from the Program.

A student may not repeat more than one promotion period during the professional Program.

A student with an overall cGPA of between 2.3 and 2.69 or tGPA of  $\leq 2.5$  in the promotion period will be placed on probation, reviewed by the OTPRC/PTPRC and may be required to repeat the promotion period.

Failure in any supplemental examination or remedial work will require the student to repeat the course and to repeat the promotion period as confirmed by the OTPRC/PTPRC.

There are five (5) clinical education/affiliation courses within the Occupational Therapy three-year professional Program: OCC1 220, OCC1 320, OCC1 321, OCC1 420 and OCC1 422. Within each Program, clinical affiliation courses must be passed sequentially. Students will not be permitted to progress to the next promotion period with more than one incomplete clinical affiliation course. Students are not permitted more than one failure in a clinical affiliation throughout the curriculum. A failure in the remedial clinical affiliation or in any subsequent clinical affiliation course will result in the student being required to withdraw from the Program. Students should be aware that failure in a clinical affiliation will result in a grade of “F” (failure) and is calculated in the tGPA and cGPA. As stipulated in section 8.4.8.5 of the McGill Health Sciences Calendar, “it should be noted that the supplemental result will not erase the failed grade originally obtained which was used in calculating the GPA.

In order to be permitted to take a supplemental examination in any Program course, a student must have a cGPA of at least 2.3 in that promotion period. Students may not be permitted to take supplemental exams or repeat a clinical affiliation if they have failed more than seven credits in an academic year. For U3 students, this means fall 2008 and winter 2009 sessions.

**The Evaluation System is under constant review by the School. The School may make changes to the policies and regulations at any time. In general, such changes will not come into effect during an academic year or promotion period; however, all changes and their effective dates will be communicated to the students of the Program with a reasonable amount of prior notice.**

## **5. Promotion and Review Committees**

The Promotions and Review Committees for the respective Programs (i.e. OTPRC, PTPRC) will review the entire records of all students.

The OTPRC/PTPRC will track the records of any student in academic difficulty and the records of any student charged with misconduct. Examples of misconduct are unethical or unprofessional behaviour, dishonesty, drug or substance abuse, criminal conviction, and academic offences such as plagiarism and cheating.

The OTPRC/PTPRC will require a student to withdraw from the Program who has been found to be unsuitable for the practice of Occupational Therapy or Physical Therapy due to poor academic standing or misconduct.

A grade is not final until it has been reviewed by the OTPRC/PTPRC and is recorded on the student’s official transcript.

## **Promotion Periods**

A student must successfully complete all professional courses in each Promotion Period in order to be promoted to the next Promotion Period.

Students are reminded that, due to the sequential nature of the Program, the failure to successfully complete clinical affiliations within the Promotion Period may lead to delayed graduation due to the delayed completion of the Program requirements (see Clinical Affiliation Guidelines).

Students should be aware that the close sequence of certain Promotion Periods could lead to a last-minute cancellation of a Clinical Affiliation course for students who do not successfully complete the previous Promotion Period. Therefore, students who select distant locations should make travel arrangements that are changeable on short notice (see Clinical Affiliation Guidelines).

**The Occupational Therapy Program Promotion Periods are as follows:**

|                         |  |
|-------------------------|--|
| Promotion Period 4 - U3 | Beginning of September to mid December                   |
| Promotion Period 5 - U3 | Beginning of January to 2 <sup>nd</sup> week of February |
| Promotion Period 6 - U3 | February (2 <sup>nd</sup> week) to end of April          |

**OT PROMOTION PERIOD 4 – U3 Beginning of September to mid December**

Within this Promotion Period, the following courses have special conditions for evaluation. Please see Sections 1.1 to 1.3 for details of these evaluation conditions.

- POTH 401 Research Methods: See Section 1.3
- OCC1 424 Splinting and Orthotics: See Section 1.2
- OCC1 437 OT & Community Mental Health – Part 1: See Section 1.3
- OCC1 438 Pyschosocial Theories in OT: See Section 1.3
- OCC1 441 Advanced Technology: See Section 1.3
- POTH 402 Advanced Rheumatology: See Sections 1.2, 1.3
- POTH 446

**OCC1 420 Clinical Affiliation 4** is a PASS or FAIL course. Students who fail OCC1 420 Clinical Affiliation 4 may be granted permission to do a remedial clinical affiliation if they are in satisfactory standing. The dates of the remedial will be arranged with the Academic Coordinator of Clinical Education (ACCE) and will depend on the availability of clinical sites. Every effort will be made to have the remedial completed within the same or subsequent promotion period (see Clinical Affiliation Guidelines). If the repeated placement or any subsequent placement is failed, the student will be asked to withdraw from the Program.

**Students should be aware** that the close sequence of Promotions Periods 5 and 6 could lead to a last-minute cancellation of OCC1 420 Clinical Affiliation 4 for students who do not successfully complete Promotion Period 5. Students who

select distant locations should make travel arrangements that are changeable on short notice (see Clinical Affiliation Guidelines).

A student must successfully complete all Program courses in Promotion Period 4 to be promoted to Promotion Period 5.

### **OT PROMOTION PERIOD 5 – U3 Beginning of January to 2<sup>nd</sup> week of February**

**OCC1 422 Clinical Affiliation 5** is a PASS or FAIL course. Students who fail OCC1 422 Clinical Affiliation 5 may be granted permission to do a remedial clinical affiliation if they are in satisfactory standing. The dates of the remedial will be arranged with the Academic Coordinator of Clinical Education (ACCE) and will depend on the availability of clinical sites. Every effort will be made to have the remedial completed within the same or subsequent promotion period (see Clinical Affiliation Guidelines). If the repeated placement or any subsequent placement is failed, the student will be asked to withdraw from the Program.

**Students are reminded** that, due to the sequential nature of the Program, the failure to successfully complete both clinical affiliations at this time may lead to delayed completion of the Program (see Clinical Affiliation Guidelines).

A student must successfully complete all Program courses in Promotion Period 5 in order to be promoted to Promotion Period 6.

### **OT PROMOTION PERIOD 6 – U3 February (2<sup>nd</sup> week) to end of April**

Within this Promotion Period, the following courses have special conditions for evaluation. Please see Sections 1.1 – 1.3 for details of these evaluation conditions.

OCC1 437 OT & Community Mental Health – Part 2: See Section 1.3

OCC1 441 Advanced Technology: See Section 1.3

POTH 402 Advanced Rheumatology: See Section 1.3

POTH 445 Administration/Management: See Section 1.3

POTH 446 Current Topics in Rehabilitation – Geriatrics: See Section 1.3

A student must successfully complete Promotion Period 6 in order to graduate.

A student will not be considered to have completed Promotion Period 6 until the Student Clinical Experience Booklet has been duly completed and submitted to the Academic Coordinator of Clinical Education (ACCE). Students who have not submitted their booklets by the end of April will not convocate in May.

## Examinations

Information outlined in this section supplements the 2008-2009 McGill University Health Sciences Calendar, Section 8.4.8, pages 134-136.

### 1. Preamble

All examinations are governed by university regulations: (<http://www.mcgill.ca/student-records/exam/regulations/>) and by the specific Faculty of Medicine regulations as outlined below.

Students are expected to behave in a professional manner at all examinations, including laboratory practical examinations and examinations administered in clinical settings. The regulations outlined below permit the Faculty to ensure that all examinations are administered in an organized, fair and equitable manner for all students.

Any form of communication is prohibited during an exam, including communication via electronic devices. Students are NOT permitted the use of a cell phone, pagers, PDA's, etc., during an exam. Any electronic devices found during an examination will be confiscated by an invigilator and returned to the student at the end of the examination or the following working day. These incidents will be reported to the Associate Dean; such incidents may be entered on the student's record.

Please note that many multiple-choice examinations administered at McGill University are monitored by an examination-security program (Harpp-Hogan). This is based on assigned seating at all examinations. The data generated by the program can be used as admissible evidence, either to initiate or corroborate an investigation of cheating under Section 16 of the Code of Student Conduct and Disciplinary Procedures.

Any breach of these regulations will be reported to the Chief Invigilator, and Program Directors of OT and PT, as appropriate. Students exhibiting suspicious behaviour will also be reported. Inappropriate behaviour, such as cheating on an examination or disruptive behaviour during an examination review session(s) can be evidence of unprofessional conduct and, therefore, grounds for a finding of unsuitability to continue in the program.

A student may not miss an examination without justifiable reason. When a student misses an examination, she/he must:

- notify the Program Director prior to the exam (circumstances permitting), indicating the reason for absence;
- provide appropriate written documentation to justify absence;

## **2. Examination Regulations & Procedures**

### **Regulations**

1. All examination information is confidential. Any transmission of examination information, either in writing or verbally, is expressly prohibited without prior consent of the Dean's office. No one is permitted to make written notes or to record, in any way, the contents of an examination. This includes the transmission of core materials (e.g., names of patients) used in oral exams or Objective-Structured Clinical Examinations (OSCE).
2. Candidates must not procure, use, or attempt to use or distribute any improper or unauthorized materials.
3. No candidate for examination may bring into the examination room any books, notes, electronic communication devices with memory capability; e.g., PDAs (Personal Digital Assistants), cell phones, pagers or other material containing information pertaining to the examination, unless the examiner has given permission.
4. Talk or any other form of communication between candidates is forbidden. This includes the use of all types of electronic equipment not specifically requested for the examination, including cell phones and pagers. All communication devices must be deposited with the invigilators prior to the start of the examination.
5. Candidates are not permitted to leave the examination room until one half hour after the examination has begun, and in no case before the attendance has been taken. A candidate who leaves before the examination is over must hand in all completed and attempted work.
6. Every student has a right to write essays, examinations and theses in English or in French. Personal dictionaries are not permitted. However, a French-English dictionary will be available upon request.
7. No smoking or alcoholic beverages are permitted in the examination rooms.

### **Procedures**

1. If books, notes, etc., cannot be left outside the examination room, they must be put in a place designated by the Invigilator before the candidate takes a seat.
2. Students writing examinations are responsible for arriving at the right time and place and must have with them their McGill student identification cards. Forgetfulness or inadvertently arriving at the wrong time or place are not acceptable excuses.
3. The doors of the examination room will normally be opened at least five minutes before the starting hour. Candidates will be permitted to enter the examination room up to one- half hour after the scheduled start of the exam. These students should be aware that a portion of time could be lost while the examination is assigned and instructions are being given by an invigilator. They must enter the room quietly, and time will not be extended for the examination.
4. Candidates must remain seated. A candidate needing to speak to the invigilator (e.g., to ask for additional supplies) should so indicate by raising his or her hand.
5. Questions concerning possible errors, ambiguities, or omissions in the examination paper must be directed to the Invigilator, who will investigate them

through the proper channels. The Invigilator is not permitted to answer questions other than those concerning the paper.

6. All work must be done in accordance with the examination instructions, and must be handed in to the Invigilator.
7. At the close of the examination, candidates must stop writing and submit their work at once.
8. Food is permitted at the discretion of the Chief Invigilator. Food should be brought in prior to the exam. Students will not be permitted to go to vending machines/cafeteria during an examination.
9. Bathroom privileges: only one student at a time will be allowed to go to the bathroom, and the student may be escorted there and back by an Invigilator (at the Invigilator's discretion).
10. No student will be permitted to leave during the final ten minutes of the examination.

### **Examination Regulations – Cheating**

Cheating is considered an academic offence under Article 16(a) in the Code of Student Conduct and Disciplinary Procedures which states that:

“No student shall, in the course of an examination obtain or attempt to obtain information from another student or other unauthorized source or give or attempt to give information to another student or possess, use or attempt to use any unauthorized material...”

Under Article 21(d)

“The chief or senior invigilator at an examination shall have like powers of exclusion over any student undergoing the examination when the chief or senior invigilator has reasonable grounds to believe that the student is breaking, has broken, or is attempting to break a university or faculty examination regulation...”

Before the commencement of any mid-term or final examination, the above quotation will be read out loud and any student dismissed from the exam for cheating will be given a failure in the course under question.

**Students are reminded that cheating in any examination is considered a serious offence which could lead to expulsion from the University. Students are not permitted to have in their possession, or to use, any unauthorized materials during an examination.**

### **Assignments**

The Faculty adheres to the definitions of plagiarism and cheating described in the Code of Student Conduct and Disciplinary Procedures. Any course instructor has the right to require that assignments (including case reports) be submitted in hardcopy format with the student's signature. Refer to section on Academic Integrity – Plagiarism. A McGill student guide to avoid plagiarism is also found at:  
<http://www.mcgill.ca/integrity/studentguide>.



## Deferred Examinations, Remedial Work and Supplemental Examinations

### 1. Deferred Examinations

Deferred examinations are examinations rescheduled because the original was missed for valid reasons; this is applicable to final examinations only.

- Permission for a deferred examination will be granted by the Program Director for the following reasons: valid health issues, family or personal crises. Participation in elite athletic events (see Policy on Student Athletes).
- Sick Notes taken from McGill Student Health Services (<http://www.mcgill.ca/studenthealth/notes/>)
- Medical Notes (taken from McGill Student Health Services)
  - Medical notes will ONLY be issued on the DAY of the missed exam, assignment, project, class or conference. Health Service physicians and nurses will write notes based on their medical findings and professional assessments.
  - Absolutely NO medical notes will be written for past illness (ie: on a weekend, the day before, etc.)
  - The nurses and physicians at McGill Student Health Services DO NOT have the authority to exempt students from exams etc. The final decision will be taken by the Professor, Faculty and/or Dept.
  - Medical notes can be issued by medical personnel at private clinics, CLSCs, emergency rooms, etc., but please note a charge may be incurred for this service. If you were treated outside Student Health PLEASE get a note from the institution of record as Student Health will not issue a note for an outside clinic.
  - No medical notes will be issued once the clinic is CLOSED for the day. Due to the high volume of drop in patients we encourage you to arrive as EARLY as possible to ensure you will be seen on the day of your exam, class etc. in question.
- Medical Certificates must contain the following minimum information:
  - The note must come from a physician.
  - It must be dated.
  - It must include the date(s) of the student absence and the date on which the student was seen by the physician.
  - It must cite a specific reason for the absence and expected date of return to studies.
  - It must be signed by a physician.
- Except for cases of emergency on the day of the exams, students must make their request for a deferred exam **PRIOR TO** the scheduled exam. The request must be accompanied by supporting documents (e.g., physician's medical certificate). The Program Director reserves the right to verify all documentation.

- In the case of an emergency on the day of the exam, supporting documents must be presented to the Program Director as soon as possible after the examination. These documents must indicate that the student was unable to write the examination for an approved reason on the specific date of the examination. The Program Director may require further corroborative documentation of the reasons for the request(s).
- In general, an approved deferred examination will be written in the deferred/ supplemental exam period or at the earliest feasible time.
- Deferred examinations will generally be in the same format as the final examination.
- No supplemental examinations are permitted for students who do not receive the required passing grade in a course after writing a deferred examination. **Students currently in the U3 program should be aware that 2008-2009 is the final year that U3 courses will be offered. No repetition of courses will be offered. If supplemental exams or remedial work are not successful, the student will be required to withdraw from the BSc (OT) or BSc (PT) Program.**

U3 students will be required to remain in the same promotion period because a) they are repeating one or more courses, or b) they have deferred courses. These U3 students will be considered to be repeating a promotion period while they complete the course or courses that are outstanding.

## 2. Remedial Work

Remedial work is activity to be undertaken by a student as required by the Promotion and Review Committee (OTPRC/PTPRC) as a consequence of a failure or unsatisfactory evaluation in a course, a component of a course or a clinical rotation. This activity will generally include additional study and additional examination(s). In the context of clinical rotations, there will generally be a requirement to repeat clinical activities for a defined period.

- Any remedial activity will be decided upon after discussion between the student and instructor and confirmed by the OTPRC/PTPRC.

## 3. Supplemental Examinations

- Supplemental examinations may be permitted in some courses. These are examinations taken as a consequence of a failure or unsatisfactory outcome in a course.
- Supplemental examinations will cover material from the entire course or section of a course. The format of the supplemental examination may differ from the original examination.
- Students who do not successfully pass supplemental exams administered by the School will receive a final supplemental grade of “D” (failure)

- As stipulated in section 8.4.8.5 of the McGill Health Sciences Calendar, “it should be noted that the supplemental result will not erase the failed grade originally obtained which was used in calculating the GPA. Both the original mark and the supplemental result will be calculated in the GPA and cGPA”.

In general, remedial work or supplemental examinations for students with failures will follow university schedules. Supplemental examinations for all failed fall term courses and for failed winter term professional courses will normally be held following the regular spring examination period. Supplemental examinations for winter term campus courses are written in the official supplemental period in August.

### **Licensure Examinations**

Graduates from McGill may seek licensure around the world. Each country, province or state sets its own requirements for licensure which may necessitate examination, further course work and/or the TOEFL.

Certain provinces in Canada, states of the United States of America, and other countries require that those intending to practice Occupational Therapy or Physical Therapy within their borders comply with special provincial or state licensing regulations. Further information may be obtained from the offices of the associations listed in the School of Physical and Occupational Therapy section, Health Sciences calendar under section 8.3.7 “Professional Organizations”.

Graduates seeking licensure in the United States should be aware that recent reforms in licensing and immigration laws have led to new requirements for internationally educated health care professionals entering the country.

In order to practice Occupational Therapy or Physical Therapy in the province of Quebec, a permit must be obtained from the appropriate provincial regulatory body. Quebec law also requires that candidates seeking admission to the provincially-recognized Quebec regulatory bodies must possess a working knowledge of the French language, i.e., be able to communicate verbally and in writing in that language. For further information, refer to “Language Requirements for Professions” on page 53 of the Health Sciences Calendar.

Graduates of McGill’s Occupational Therapy Program are eligible for licensure with the Ordre des ergothérapeutes du Québec (OEQ). **Graduates who do not have three years education in a French post-primary school must pass an examination set by the Office de la langue française during the two years which precede admission to the OEQ.**

Graduates of McGill’s Physical Therapy Program are eligible for licensure with the Ordre professionnel de la physiothérapie du Québec (OPPQ). **Graduates who do not have three years education in a French post-primary school must pass an**

**examination set by the Office de la langue française during the two years which precede admission to the OPPQ.**

Occupational Therapists practising in Canada (except Quebec and Manitoba) are required to pass a National Certification Examination after graduation. For information, write to the Canadian Association of Occupational Therapists (see address in School of Physical and Occupational Therapy section, section 8.3.7 of the Health Sciences Calendar).

Students should make arrangements to take their language exams well in advance of the date they expect to begin practice.

## **Promotion and Review Committees**

### **Introduction**

Within the School of Physical and Occupational Therapy, student evaluation, promotion and determination of suitability for the practice of the profession is within the jurisdiction of the Occupational Therapy Promotion and Review Committee (OTPRC) and the Physical Therapy Promotion and Review Committee (PTPRC). The OTPRC reviews the performance of students in the Occupational Therapy Program and the PTPRC reviews the performance of students in the Physical Therapy Program.

The OTPRC/PTPRC exercises final authority to determine a student's competence and suitability for the practice of the Occupational Therapy or Physical Therapy professions. It will consider all aspects of student progress, including academic performance and personal and professional conduct and make final decisions on all matters relating to promotion and graduation.

The OTPRC/PTPRC will review the entire record of all students, including those in academic difficulty. In addition, the Committee will review the entire record of any student charged with misconduct. Examples of misconduct are: unethical or inappropriate behaviour for the practice of the profession, drug or substance abuse, criminal conviction, plagiarism, cheating. This could result in the student being dismissed from the Program.

The OTPRC/PTPRC will require a student who is academically incompetent or unsuitable for the practice of Occupational Therapy or Physical Therapy to withdraw from the Program.

### **Composition of the OT and the PT Promotion and Review Committees**

The OTPRC is a standing committee of the School. It is composed of four Faculty members of the OT Program, appointed for a staggered two-year term and the Director of the OT Program. All four are voting members. The Director will vote in the case of a tie.

The PTPRC is a standing committee of the School. It is composed of four Faculty members of the PT Program, appointed for a staggered two-year term and the Director of the PT Program. All four are voting members. The Director will vote in the case of a tie.

## **Review of Grades, Evaluations and Decisions**

### **1. Review by the Promotions and Review Committees**

#### **Step 1**

For academic courses, Occupational Therapy and Physical Therapy students who are dissatisfied with an evaluation or mark must first discuss the matter with the course instructor. Following discussion of the student's concerns, the instructor may leave the evaluation/mark unchanged or may change the evaluation/mark.

For clinical courses, Occupational Therapy/Physical Therapy students who are dissatisfied with a clinical evaluation must first approach the on-site clinical coordinator (as identified on the evaluation form) to discuss the evaluation. The supervisor will provide information to clarify the evaluation. If indicated, the coordinator will obtain further information. Following discussion of the student's concerns, the clinical coordinator may leave the evaluation/ mark unchanged or may change the evaluation/mark.

If the student has met with the supervising therapist and the site clinical coordinator and has not reached a satisfactory resolution, he/she may meet with the Academic Coordinator of Clinical Education (See Clinical Affiliation Guidelines).

#### **Step 2**

The following are procedures to be followed when a student wishes to contest an evaluation/mark of a course or clinical rotation.

For academic courses, students who remain dissatisfied after speaking with the instructor may request a review of the evaluation or mark by the OTPRC/PTPRC. The student's request must be made in writing and must be received within 14 calendar days of notification of the evaluation or mark. The request must be made by completing a Reread Form available in the office of the Undergraduate Student Affairs Coordinator. A \$35 charge is applicable.

For clinical courses, students who remain dissatisfied after speaking with the coordinator and the ACCE may request an impartial review of the evaluation/mark. This request must be made in writing to the OT/PT Director and must be received within 14 calendar days from the end of the clinical affiliation.

Both the student and the instructor have the right to state his or her case to the committee in person or in writing. The proceedings will be conducted in an informal and respectful manner.

The OTPRC/PTPRC will determine the **reasonableness** of a student's evaluation. If, after deliberation, it is deemed to have been a reasonable assessment of the student's performance, the evaluation/mark will remain unchanged. Should the Committee conclude that the evaluation/mark under review was not reasonable a "**de novo**" assessment will be provided by the Committee. In other words, the OTPRC/PTPRC will appoint another evaluator to re-read the assignment or examination. The evaluation/mark may remain unchanged, be upgraded or downgraded.

Decisions taken by the OTPRC and the PTPRC on an evaluation/mark are final and without appeal.

Only decisions of the OTPRC and PTPRC requiring the student to repeat a promotion period or requiring the student to withdraw from the Program may be appealed. The appeal will be made to an Ad Hoc OT/PT Promotions Appeal Committee.

## **2. Review by the Ad Hoc OT/PT Promotions Appeal Committee**

Only decisions of the OTPRC and PTPRC which require the student to repeat a promotion period or to withdraw from the Program may be appealed to the *Ad hoc* OT/PT Promotions Appeal Committee.

Decisions of the OTPRC/PTPRC may be appealed under the following circumstances:

- There is new evidence which was not available at the earlier consideration, and/or
- There has been a breach of natural justice.

The following are procedures to be followed when a student wishes to contest a decision of the OTPRC and PTPRC:

1. Within 14 working days from notification of the decision of the OTPRC and PTPRC, the student may request a review of this decision. This request must be made in writing in sufficient detail to the Program Director.
2. The Program Director will immediately forward the request to the Director of the School of Physical and Occupational Therapy and will ask that the Ad Hoc OT/PT Promotions Appeal Committee be convened.
3. The Director of the School of Physical and Occupational Therapy will then call a meeting of the Ad Hoc OT/PT Promotions Appeal Committee. The Ad Hoc OT/PT Promotions Appeal Committee is comprised of:
  - a) Five (5) members of the Faculty who have had no previous knowledge of the case under review. Those selected will have appropriate background and knowledge to bring to the Committee. One member will be designated as Chair.
  - b) One representative from the OEQ or OPPQ may be substituted for an academic member.

4. The Director of the School of Physical and Occupational Therapy will communicate to the parties the names of the members of the Ad Hoc OT/PT Promotions Appeal Committee, the time and place of the review with a minimum 10 working days notice.
5. The Director of the School of Physical and Occupational Therapy will call for a detailed dossier from each party which will be circulated to the Committee and the parties prior to the meeting. The dossiers should be made available to the Committee at least two (2) working days prior to the meeting so they have time to become acquainted with the issues. The Program Director must be informed of the names of witnesses and advisers at least two (2) working days prior to the hearing.
6. The Program Director, or designate, will present the School's evidence in written form and/or verbally to the Committee after which the student will be invited to present his/her case. The Program Director will give a summary of the student's performance to the Committee, an explanation for the evaluation and the decision. The student will then present his/her version of the performance and the evaluation. The Chair and other committee members may ask questions of the parties.
7. Both parties (the student and the Program Director) may be accompanied by an adviser if they so wish. The adviser(s) will speak only at the invitation of the committee Chair. Witnesses may be called if needed. As defined by the **Charter of Student Rights and Responsibilities**, the advisor must be a member of the McGill community (e.g. a fellow student, a faculty member, or a student from the Legal Information Clinic) and not be paid for these services. The role of the adviser is to advise and help the parties present their case. It is important for the Committee to hear directly from the student and Program Directors. The adviser(s) may speak only at the invitation of the committee Chair.
8. The meeting is conducted in a respectful and non-confrontational manner. No observers are permitted at the proceedings.
9. The Committee will consider all relevant and valid evidence submitted in writing or orally by the parties and their witnesses. The Committee may ask questions of the student, of the Program Director or the witnesses. The parties may also question each other in order to clarify points.
10. Notes taken during the meeting are for the use of the Committee members in arriving at their decision, and are destroyed after they have completed their deliberations.
11. When the parties have completed their presentations and the Chair and the Committee members have no further questions, the meeting will be adjourned. The Committee will continue to deliberate in private.

12. All members of the Committee, including the Chair, vote. A simple majority is required for a decision.
13. The parties shall be informed verbally by the Chair as soon as the decision has been made. The decision will be confirmed in writing with sufficient detail as soon as possible but no later than 10 working days following the meeting.



## II. Important Information for Students

### Academic Integrity – Plagiarism

Plagiarism is considered an academic offence under Article 15(a) of the Code of Student Conduct and Disciplinary Procedures which states that:

“No student shall, with intent to deceive, represent the work of another person as his or her own in any academic writing, essay, thesis, research report, project or assignment submitted in a course or program of study or represent as his or her own an entire essay or work of another, whether the material so represented constitutes a part or the entirety of the work submitted.”

Plagiarism may be defined generally as the knowing submission of the work of another as if it were one's own. This can range from careless or sloppy work or errors resulting from inexperience, on the one hand, to intentional or wholesale academic deceit, on the other hand. This also includes double or joint submissions, and the submission a second time of one's own work. Certain forms of plagiarism involve an element of deliberation which is inherent and unchallengeable, and which demand reasonably specific and uniform responses. These plagiarisms are considered to be:

- a) the submission of work purchased from an organization
- b) the submission of work extensively copied from other sources
- c) the submission of work which has been improperly removed from a departmental file or office
- d) the submission of work written by another with or without permission

Upon demonstration that a student has represented another person's work as his own, it shall be presumed that the student intended to deceive. The student shall bear the burden of rebutting this presumption by evidence satisfying the person or body hearing the case that no such intent existed.

Because plagiarism is regarded as an academic offence, severe penalties are considered appropriate which can include a grade of F (Zero) for the plagiarized work and/or a failure in the course.

In submitting work in his/her courses, a student should remember that plagiarism is considered to be an extremely serious academic offence. If a student has any doubt as to what might be considered “plagiarism” in preparing an essay or term paper, he/she should consult the instructor of the course to obtain appropriate guidelines. With regard to what constitutes an academic offence, a student should refer to Chapter Three, Code of Student Conduct and Disciplinary Procedures in the Student Rights and Responsibilities Handbook.

### **Attendance and Term Work**

Students will not be permitted to write an examination in any course unless they have fulfilled the requirements of the course, including those of attendance, to the satisfaction of the instructor and the Program Director.

It is the responsibility of the students to make sure at the time of registration that there is no conflict in the timetable of the courses which they propose to follow.

Students are expected to attend lectures regularly. In recent years, there has been an increase in absenteeism partly due to total reliance on the Note-Taking-Club. The School strongly encourages students to take their own notes in lectures to facilitate the understanding of the lecture and avoid misinterpretation. Please note: **permission of the instructor is required** before any lecture can be taped.

Students are required to attend laboratory practical classes, Clinical Reasoning Workshops and Seminars as part of the Occupational and Physical Therapy Programs. These classes involve learning about the treatment modalities and procedures used to assess and treat patients and developing clinical reasoning skills. This may include using electrical devices and other items of equipment, performing standardized assessments, practicing massage, performing external palpation and manipulation of the body, participating in structured group activities which may involve interviewing and role playing, and conducting psychosocial assessments. Students are expected to participate in these classes and practice the techniques and use of equipment on each other.

If there are personal reasons or problems associated with participation in a particular type of laboratory or practical class, students must consult the course instructor immediately. If possible, an alternative solution will be found.

Students who have missed more than 10% of laboratory or small group sessions, or who miss any required professional workshop or seminar, without prior approval, will receive 0/10 for participation in the course. If a course does not have a participation mark, then the final course mark will be deduced by a 10% mark. This rule applies to labs and to all required workshops, seminars or professional activities. Attendance will be taken at all practical classes. Reasons for absences are dealt with only by the Program Director and may require documentation.

### **Leaves of Absence**

Leaves of absence will be granted only for reasons of health or family crises. Requests for leaves must be approved by the Program Director. A request must be accompanied by supporting documentation (e.g., a letter from the student's physician/counsellor). In general, a medical leave is granted for up to one year. The Program reserves the right to impose a limitation on the number as well as the total duration of leaves. Should a prolongation be requested, the Program reserves the right to require a second opinion from a Faculty-designated physician.

A student returning from a medical leave must provide supporting documentation from the treating physician/counsellor. These documents must state that the student is capable of resuming his/her studies.

Once the leave has been approved by the Program Director, the student's registration and fees must be verified by the Student Affairs Coordinator. Students may be required to forfeit all or part of their tuition fees. Students receiving financial aid must inform the Student Aid Office to assess the impact of the leave on financial aid.

**Students currently in the U3 program should be aware that 2008-2009 is the final year that U3 courses will be offered. No repetition of courses will be offered. If supplemental exams or remedial work are not successful, the student will be required to withdraw from the BSc (OT) or BSc (PT) Program.**

### **Policy on Student Athletes**

A student is considered to be a student athlete if he/she is a team member and/or is competing in an organized and recognized athletic event at the inter-collegiate level or higher.

While encouraging athletic participation and excellence on the part of our students, it should be acknowledged that their academic program takes priority when conflicts occur between team practices/games and classes/exams. Students may not miss classes due to practices. For McGill teams, competitions are not arranged during official McGill University exam periods. However, conflicts arise because some of the exam periods in our schedule are different from official McGill periods.

At the beginning of the School year students must:

- Identify themselves as student athletes to the Program Director.
- Provide a schedule of athletic competitions to the Undergraduate (U1, U2, U3) Student Affairs Office no later than two weeks from the start of classes.

If a situation arises in which a competition occurs during a scheduled course, program activity or examination, the student must:

- **Identify the conflict to the Program Director no later than two weeks prior to the event by providing the following documents:**
  - A letter from the student requesting permission to be absent from classes for the proposed dates,
  - A letter from the coach confirming when and where the competition will be held and that the student is participating in the event,
  - A copy of travel plans if appropriate.
- Obtain permission from the Program Director to participate in the event.

Students are required to follow the same procedures and timelines even if the date of the competition is unknown but is potentially in conflict with an evaluation or examination, ie, semi-final or final competitions. **Late submissions will not be considered.**

The examination takes precedence over the athletic event. Possible solutions to the conflict are:

- Preparing an alternative evaluation for that particular student, or
- Shifting the weight normally assigned to the evaluation to the weight assigned to the remaining evaluation, or
- Deferring the evaluation or examination to another time.

Students are not permitted to write exams outside of McGill University. This may compromise the student and/or the exam. The procedures for conducting a deferred exam are the same as those listed in the Course Guide and other McGill documents.

**Please note that students may not request absences from clinical placements.**

The Program Director takes the final decision.

### **Code of Conduct for Users of McGill Computing Facilities**

“McGill Computing Facilities (MCF) are intended to support the academic mission and the administrative functions of the university. This code of conduct states the principles regarding the use of MCF. They complement and supplement rather than replace other policies concerning appropriate conduct of staff and students.

McGill Computing Facilities include any computer, computer-based network, computer peripheral, operating system, software or any combination thereof, owned by McGill University or under the custody or control of McGill university.”

This Code of Conduct states the principles regarding the use of McGill Computing Facilities (MCF). The following principles apply to all McGill staff, students and other users of the McGill Computer Facilities.

Users shall:

1. Be responsible for using these facilities in an effective, ethical and lawful manner.
2. Use only those facilities for which they have authorization, whether these facilities are at McGill or at any other location accessible through a network.
3. Take all reasonable steps to protect the integrity and privacy of the MCF including software and data. In particular, users shall not share with others the access codes, account numbers, passwords or other authorization which have been assigned to them.
4. Respect the copyrights of the owners of all software and data they use.
5. Respect the policies established by the administrators of external networks such as RISQ, CANet, NSFNET when using such networks. They shall also respect the policies established by the administrators of local computing facilities at McGill.
6. Respect the privacy of others. This includes, but is not limited to, respecting the confidentiality of e-mail, files, data and transmissions.
7. Refrain from using MCF for unauthorized commercial activities.

8. Refrain from using MCF for any unauthorized or illegal purposes. Such purposes might include destruction or alteration of data owned by others, interference with legitimate access to computing facilities or harassment of users of such facilities at McGill or elsewhere, unauthorized disruption of MCF, attempts to discover or alter passwords or to subvert security systems in MCF or in any other computing or network facility.
9. Properly identify themselves in any electronic correspondence and provide valid, traceable identification if required by applications or servers within the MCF or in establishing connections from the MCF.

Users have a right to privacy. The level of privacy does not exceed, however, that of reasonable expectations. System failures or design faults may compromise this privacy and users should also recognize that authorized McGill personnel may have access to data and software stored on MCF while performing routine operations or pursuing system problems. Users should further recognize that, as specified in the relevant administrative policies at McGill, authorized McGill personnel have the obligation to take reasonable and appropriate steps to ensure the integrity of MCF and to ensure that this Code is observed. Any violation of this Code may be prosecuted in conformity with the relevant University policy (Code of Student Conduct, Personnel policies, etc.) and the principle of fundamental justice.

### **Code of Student Conduct**

The Code of Student Conduct and Disciplinary Procedures as outlined in Chapter Three of the McGill University Handbook – Student Rights and Responsibilities is considered the basic university requirements and applies to all students registered on a part-time or full-time basis.

The School of Physical and Occupational Therapy, in addition to the above, requires that the following code of conduct be observed by all students, graduate or undergraduate, registered in the School's Programs.

### **Guidelines Regarding Professional Behaviour**

Occupational and Physical Therapy are professions; therefore, our programs have rigorous standards of conduct. Professional behaviour is expected of students throughout their education, both in the classroom and clinical setting.

In addition, collaborative learning is highly valued and advocated at the School. Thus, the level of respect amongst students is expected to be of the highest standard. To allow students to successfully incorporate professional behaviour into their daily interactions with peers, the School staff, clinical teachers and Faculty, the following guidelines have been agreed upon by both the Faculty and the student representatives. These guidelines will be enforced throughout the program.

- 1) Students will be on time for classes. Time management is an important skill that affects all aspects of professional life. It is also a sign of respect to fellow students and Faculty not to interrupt a learning activity in progress. Thus, unless

unforeseeable major events occur (i.e. the metro is not working, major storms) the doors are closed at the time that class is scheduled to start. If the course is one requiring compulsory attendance (refer to Course Guides) the student will be allowed to enter late, but will be considered absent on the attendance record and will receive 0/10 for participation if their absences exceed the allowable limit.

- 2) Students are encouraged to actively participate in class. Question, should be directed to the front of the class. Talking amongst students during class when a Faculty member, guest lecturer or fellow student is speaking is unacceptable. This is disruptive and interferes with others' learning. Thus, disruptive talking will not be tolerated and the disruptive student(s) will be asked to leave. If attendance is compulsory, the student will be considered absent on the attendance record and will receive 0/10 for participation if their absences exceed the allowable limit.
  - 3) Professionalism with respect to dress is encouraged throughout the program. When clients are scheduled to attend a learning activity or when the student is doing a class presentation, clinical placement, visit to external sites and during mOSCEs, professional attire is expected. Therefore, during these learning activities, informal (jeans, sweat pants and casual shorts) or provocative attire is not appropriate. Footwear must be appropriate to the setting and provide a measure of safety to both students and clients, Clinical supervisors will note inappropriate dress as unprofessional student behaviour during placements. If dressed unprofessionally during any of the learning activities listed above, the student will be asked to leave and to return when dressed appropriately. If time does not permit, the student will receive an automatic failing grade, when applicable, and will be required to complete a supplemental assignment or exam.
- A) **Comportment**
1. All full-time and part-time Faculty must be addressed as professor if such is their official title, unless otherwise instructed by the individual professor. Sessional lecturers who do not have an academic appointment are addressed using "Mr., Mrs., or Ms., etc."
  2. All guest lecturers should be treated with due respect and courtesy. All critique of a negative nature with regard to the lecture should be conveyed to the course coordinator in writing.
  3. Disruptive behaviour (talking, excessive movement, etc.) will not be tolerated during lectures or laboratory sessions. Faculty will exercise their right to dismiss students who exhibit this behaviour.
  4. Students must attend all laboratory sessions and lectures as indicated in the Course Guide in professional courses.
  5. Students may be required to wear shorts and shirts for practical sessions, if appropriate to the session.

## B) Classrooms

1. No eating or drinking is permitted in classrooms at any time except with permission of the instructor. Any containers, cartons or refuse must be placed in the wastebasket.
2. Students are permitted to use unoccupied classrooms for study and practice of therapeutic techniques, but must leave the room in a tidy and orderly manner. Students must respect the equipment and materials and will be held accountable for damage. Footwear must be removed when using plinths in the practical classes.

## C) Buildings in General (Davis, Hosmer and Hosmer Coach House)

1. All outdoor footwear must be removed at the building entrance during the late fall and winter sessions.
2. No smoking is permitted in the buildings or within 30 metres of building entrances.
3. Students are not permitted to sit on or otherwise block any of the staircases. This is a safety precaution to allow for unencumbered traffic flow and to prevent injuries.
4. Keys or ID cards to access Davis or Hosmer Houses are not to be loaned to any unauthorized person. Davis and Hosmer House front doors are equipped with timed-locking mechanisms. These outside doors self-lock at 5:00 p.m. at Davis House and at 6:00 p.m. at Hosmer House during the fall and winter semesters. Both doors are locked on weekends at all times. Holding the door open for longer than 60 seconds, once the locking mechanism has been activated, will set off an alarm.
5. The Undergraduate Student Affairs office, Hosmer 100, is accessible to all students during posted office hours.
6. Students are not permitted to be present in the halls in their underclothing.
7. Parking areas at Davis and Hosmer Houses are for use by permit holders. A fine of \$37.00 to \$42.00 is given to cars parked without a permit or a parking ticket, purchased at a cost of \$14.00 per day.

## D) Clinical Facilities

1. All undergraduate students are required to adhere to their Program's codes of dress and professional conduct while on any clinical affiliation or site visit.
2. All students must respect the confidential nature of clinical material (patient records, case discussions, etc.). The clinical material should only be discussed within a professional context and never in a public place.
3. All health care professionals and clients must be addressed by their official title and/or surname unless otherwise instructed.

## **Counselling**

**Student Services Counselling Service** (Brown Student Services Building; [counselling.service@mcgill.ca](mailto:counselling.service@mcgill.ca)) has professional counsellors who are available to discuss personal, academic and career goals or problems. They can provide individual or group study skills sessions or guide students through financial, or other, crises by means of interventions or referrals.

**Career and Placement Service** (Brown Student Services Building; [careers.caps@mcgill.ca](mailto:careers.caps@mcgill.ca)) provides career education, guidance, and individual advising to students in their search for permanent, part-time, or summer jobs and internships.

### **Faculty Adviser**

The Mission Statement of the University expresses the commitment to offer students "the best education available". An essential component of this is the advising process. The active participation of students in the advising process is essential in order for them to access the full range of academic opportunities during their studies. They must be proactive in seeking meetings with advisers, professors, counsellors, and such to ensure that they receive the advice they need to meet their academic goals. It should be noted that, while advisers are there to provide students with guidance, students are ultimately responsible for meeting the requirements of their degree. It is their responsibility to inform themselves about the rules and regulations of the University faculty, and their program. With the students' cooperation, all advisers and counselors will work together to help students throughout their undergraduate studies.

### **Your adviser**

- is a faculty member with whom you can build a relationship to counsel you throughout the program;
- can guide you with both academic and non-academic concerns;
- is a person in the School with whom you can discuss any matter and to whom you may go for advice;
- will provide ongoing advice and guidance on the program;
- will assist you with workload management;
- will assist you with guidance regarding career options or considerations;
- will offer help managing academic situations during periods of personal, financial, or medical problems, by working with students to identify various possibilities and strategies for making informed decisions;
- will communicate with other advisers within the University and, with a student's permission, serve as a direct link to other University resources.

Please note that you will be assigned a faculty adviser during the first week of classes. This is a contact person in the School with whom you can discuss any matters and to whom you may go for advice. This does not preclude you from contacting any faculty member you may choose. Normally matters pertaining to a specific course are addressed first to the coordinator of the particular course. The Program Directors are also available for any student who seeks a discussion or advice.

### **Email Policy**

E-mail is one of the official means of communication between McGill University and its students. As with all official University communications, it is the student's responsibility to ensure that time-critical e-mail is accessed, read and acted upon in a timely fashion.

Therefore it is important to read your McGill e-mail on a regular basis, since failing to access your e-mail will not be considered an acceptable reason for not acting on the



correspondence. Important notices from the School, including your instructors, will be communicated via e-mail to your McGill e-mail address only, and will not be sent to any other e-mail address.

If a student chooses to forward University e-mail to another e-mail mailbox, it is that student's responsibility to ensure that the alternate account is viable. For details on how to check your e-mail from any computer with internet access, go to: <http://webmail.mcgill.ca>.

### **Student Rights and Responsibilities**

“The integrity of university academic life and of the degrees the university confers is dependent upon the honesty and soundness of the teacher-student learning relationship and, as well, that of the evaluation process. Conduct by any member of the university community that adversely affects this relationship or this process must, therefore, be considered a serious offence.”

Each student is advised to be familiar with the contents of the Handbook on Student Rights and Responsibilities, including the disciplinary procedures that will be taken for any academic offences. This handbook will be provided during the orientation meeting with the Program Director.

### **Safety and Well-being**

Safety and well-being of Students and Faculty, both at the School of Physical and Occupational Therapy and on campus, are managed at multiple levels.

Generally speaking, the establishment of policies, procedures and services for safety and well-being are the responsibility of main campus.

In the event of an accident, the School's Building Director assists students in the completion of an Accident Event Report to the Environmental Safety Office. In addition, issues of safety and well-being are addressed by students at the Faculty-Student Liaison Meeting.

When a security incident occurs the Security Incident Report is reviewed by the Security Services supervisors and the reports distributed accordingly. Should the incident involve a student, a copy of the report is sent to the Office of the Dean of Students, at which time the office may choose to contact the student, if they think it is appropriate, to see if any further assistance can be provided. If the incident report describes a safety or security issue, the report is forwarded to the Environmental Safety office, to the Facilities Management and Development office or to one of the Security Services Staff so that measures can be taken to remedy the situation.

The Joint Advisory Health and Safety Committee is an advisory body that is jointly comprised of McGill employees and students. This committee has multiple mandates including “to ensure mechanisms are in place for systematic hazard identification and risk

assessment” and “to oversee the system of internal responsibility and accountability within the organization” (for more details refer to <http://www.mcgill.ca/ehs/safetycommittees/>).

McGill University Walksafe Network provides a “safe and effective alternative to walking or using public transportation alone at night” (<http://www.mcgill.ca/security/community/walksafe/>).

In order to support the continual re-examination and promotion of health and well-being, the Dean of Students initiates a yearly call for applications to the Mary H. Brown Fund. This is an endowment fund that provides a total of approximately \$20,000 annually for “the creation and early support of innovative, on-campus projects that benefit McGill students’ physical and psychological well-being and related initiatives” (<http://www.mcgill.ca/studentsservices/>).

### **Guidelines for Writing a Term Paper**

No paper will be accepted late without the approval of the instructor PRIOR to the original due date. A new deadline may then be arranged between the instructor and student if the request is valid. Failure to conform to this procedure may mean that the student will automatically receive a mark of “0” for the paper.

**NOTE:** *the referencing system of the American Psychological Association (APA) must be used for term papers. Please refer to the APA Research Style Crib sheet included in this course guide for your convenience.*

#### **TERM PAPERS:**

- must be typewritten and doubled 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.

#### **SEPARATE PAGE FOR THE FOLLOWING READINGS:**

- 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 and objective of paper
- 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 everyone 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
- 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) conclusion
- this is a brief summary.
- i) reference or bibliography
- 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”.
- j) 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:
  - Sample of questionnaires, evaluation forms, etc.

- A list of materials used in the study.
- Samples of clients' productions.
- The criterion for including an appendix is whether the material is useful to the reader in understanding, evaluating, or replicating your proposal. Material of either general or specialized interest should not be presented for its own sake. When an appendix is used, the reference in text should read: as follows: (See Appendix A for complete derivation).

***NOTE: the referencing system of the American Psychological Association (APA) must be used for term papers.***

### **APA Research Style Crib Sheet**

Russ Dewey  
*Georgia Southern University*

*[This page is a summary of rules for using APA style. The version you are reading was revised 10/10/96, edited and revised again on September 5, 2000 with Bill Scott of the College of Wooster, and updated in January 2003 by Doc Scribe. I have made every effort to keep this document accurate, but readers have occasionally pointed out errors and inconsistencies which required correction. I am grateful to them and invite additional feedback. This document may be reproduced freely if this paragraph is included. --Russ Dewey, [rdewey@gasou.edu](mailto:rdewey@gasou.edu)]*

*Download the APA Crib Sheet PDF and other APA style resources from Dr. Abel Scribe PhD.*

*See Professor Dewey's excellent Web site for Psychology Students.*

## APA Crib Sheet Contents

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### INTRODUCTORY INFORMATION

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**APA style** is the style of writing used by journals published by the American Psychological Association (APA). The style is documented in the *APA Publication Manual* (5th ed., 2001). The *APA Manual* began as an article published in *Psychological Bulletin* in 1929. That article reported results of a 1928 meeting of representatives from anthropological and psychological journals, "to discuss the form of journal manuscripts and to write instructions for their preparation" (APA, 2001, p. xix). By 1952 the guidelines were issued as a separate document called the *Publication Manual*. Today the manual is in its fifth edition, and the *APA format* described in it is a widely recognized standard for scientific writing in psychology and education.

Some of the more commonly used rules and reference formats from the manual are listed here. However, this web page is no substitute for the 440 page *APA Manual* itself, which should be purchased by any serious psychology student in the U.S., or by students in other countries who are writing for a journal which uses APA format. The *APA Manual* can be found in almost any college bookstore, as well as in many large, general-purpose bookstores, in the reference and style guide section. You may check the current price and delivery of the *APA Manual* by clicking on this link to [amazon.com](http://amazon.com). The spiral bound edition is especially handy when formatting research papers.

The *APA Manual* draws a distinction between "final manuscripts" such as class papers, theses, and dissertations, and "copy manuscripts" to be submitted for review and publication. The *APA Crib Sheet* follows the instructions given in chapter six for "Material Other Than Journal Articles" (APA, 2001, pp. 321-330). Final manuscripts differ from copy manuscripts in these ways:

- Spacing. "Double-spacing is required throughout most of the manuscript. When single-spacing would improve readability, however, it is usually encouraged. Single spacing can be used for table titles and headings, figure captions, references (but double-spacing is required between references), footnotes, and long quotations" (APA, 2001, p. 326).
- Figures, tables, and footnotes. "In a manuscript submitted for publication, figures, tables, and footnotes are placed at the end of the manuscript; in theses and dissertations, such material is frequently incorporated at the appropriate point in text as a convenience to readers" (APA, 2001, p. 325).

The most notable **additions and changes** to fifth edition of the *APA Manual* (2001) include:

- Electronic sources require new formats in references. The formats previously featured on the APA Web site have been superseded. Several formats are included in the *Crib Sheet*.
- Italics or underline? "Use the functions of your word-processing program to create italic, bold, or other special fonts or styles following the style guidelines specified in this *Publication Manual*" (APA, 2001, p. 286). However, underlining in place of italics is still acceptable when using a typewriter (see APA, 2001, p. 100). Always be consistent!
- Hanging indents. "APA publishes references in a *hanging indent* format. . . . If a hanging indent is difficult to accomplish with your word-processing program, it is permissible to indent your references with paragraph indents" (APA, 2001, p. 299).

## RULES

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Following is a summary of *rules* and *reference examples* in the APA style manual. The manual itself contains all this information and more, organized and worded differently, indexed and illustrated. If in doubt about a specific rule or example, consult the manual itself.

### Abbreviations

- Avoid abbreviations (acronyms) except for long, familiar terms (MMPI).
- Explain what an abbreviation means the first time it occurs: American Psychological Association (APA).
- If an abbreviation is commonly used as a word, it does not require explanation (IQ, LSD, REM, ESP).
- Do not use the old abbreviations for subject, experimenter, and observer (S, E, O).
- The following abbreviations should NOT be used outside parenthetical comments:
  - **cf.** [use **compare**]

- **e.g.** [use for example]
- **etc.** [use and so forth]
- **i.e.** [use that is]
- **viz.** [use namely]
- **vs.** [use versus]
- Use periods when making an abbreviation within a reference (Vol. 3, p. 6, 2nd ed.)
- Do not use periods within degree titles and organization titles (PhD, APA).
- Do not use periods within measurements (lb, ft, s) except inches (in.).
- Use s for second, m for meter.
- To form plurals of abbreviations, add s alone, without apostrophe (PhDs, IQs, vols., Eds).
- In using standard abbreviations for measurements, like m for meter, do not add an s to make it plural (100 seconds is 100 s); when referring to several pages in a reference or citation, use the abbreviation pp. (with a period after it and a space after the period).
- Do not use the abbreviation "pp." for magazine or journal citations; just give the numbers themselves. Do use "pp." for citations of encyclopedia entries, multi-page newspaper articles, chapters or articles in edited books.
- Use two-letter postal codes for U.S. state names (GA).

### Avoiding Biased and Pejorative Language

In general, avoid anything that causes offence. The style manual makes the following suggestions:

#### **DO NOT use . . .**

ethnic labels (for example, Hispanic)  
 "men" (referring to all adults)  
 "homosexuals"  
 "depressives"

#### **when you can use . . .**

geographical labels (Mexican Americans)  
 "men and women"  
 "gay men and lesbians"  
 "people with depression"

### Correct use of the terms "gender" and "sex"

The term "gender" refers to culture and should be used when referring to men and women as social groups, as in this example from the *Publication Manual*: "sexual orientation rather than gender accounted for most of the variance in the results; most gay men and lesbians were for it, most heterosexual men and women were against it" (APA, 2001, p. 63).

The term "sex" refers to biology and should be used when biological distinctions are emphasized, for example, "sex differences in hormone production."

Avoid gender stereotypes. For example, the manual suggests replacing "An American boy's infatuation with football" with "An American child's infatuation with football" (see APA, 2001, p. 66).

### **Sensitivity to labels**

Be sensitive to labels. A person in a clinical study should be called a "patient," not a "case." Avoid equating people with their conditions, for example, do not say

"schizophrenics," say "people diagnosed with schizophrenia." Use the term "sexual orientation," not "sexual preference." The phrase "gay men and lesbians" is currently preferred to the term "homosexuals." To refer to all people who are not heterosexual, the manual suggests "lesbians, gay men, and bisexual women and men" (APA, 2001, p. 67).

In racial references, the manual simply recommends that we respect current usage. Currently both the terms "Black" and "African American" are widely accepted, while "Negro" and "Afro-American" are not. These things change, so use common sense.

Capitalize *Black* and *White* when the words are used as proper nouns to refer to social groups. Do not use color words for other ethnic groups. The manual specifies that hyphens should not be used in multiword names such as Asian American or African American.

Labels can be tricky, and the manual has a lot to say about them. For example, "American Indian" and "Native American" are both acceptable usages, but the manual notes that there are nearly 450 Native American groups, including Hawaiians and Samoans, so specific group names are far more informative.

The terms *Hispanic*, *Latino*, and *Chicano* are preferred by different groups. The safest procedure is use geographical references. Just say "Cuban American" if referring to people from Cuba.

The term *Asian American* is preferable to *Oriental*, and again the manual recommends being specific about country of origin, when this is known (for example, Chinese or Vietnamese). People from northern Canada, Alaska, eastern Siberia, and Greenland often (but not always!) prefer *Inuk* (singular) and *Inuit* (plural) to "Eskimo." But some Alaska natives are non-Inuit people who prefer to be called Eskimo. This type of difficulty is avoided by using geographical references. For example, in place of "Eskimo" or "Inuit" one could use "people from northern Canada, Alaska, eastern Siberia, and Greenland."

In general, call people what they want to be called, and do not contrast one group of people with another group called "normal" people. Write "we compared people with autism to people without autism" not "we contrasted autistics to normals." Do not use pejorative terms like "stroke victim" or "stroke sufferers." Use a more neutral terminology such as "people who have had a stroke." Avoid the terms "challenged" and "special" unless the population referred to prefers this terminology (for example, Special Olympics). As a rule, use the phrase "people with \_\_\_\_\_" (for example, "people with AIDS," not "AIDS sufferers").

In referring to age, be specific about age ranges; avoid open-ended definitions like "under 16" or "over 65." Avoid the term *elderly*. *Older person* is preferred. *Boy* and *Girl* are acceptable referring to high school and younger. For persons 18 and older use *men* and *women*.



## Capitalization

- Capitalize formal names of tests (Stroop Color-Word Interference Test).
- Capitalize major words and all other words of four letters or more, in headings, titles, and subtitles outside reference lists, for example, "A Study of No-Win Strategies."
- Capitalize names of conditions, groups, effects, and variables only when definite and specific. (Group A was the control group; an Age x Weight interaction showed lower weight with age.)
- Capitalize the first word after a comma or colon if, and only if, it begins a complete sentence. For example, "This is a complete sentence, so it is capitalized." As a counter example, "no capitalization here."
- Capitalize specific course and department titles (GSU Department of Psychology, Psych 150).
- Do not capitalize generic names of tests (Stroop color test). "Stroop" is a name, so it remains capitalized.
- Capitalize nouns before numbers, but not before variables (Trial 2, trial x).
- Do not capitalize names of laws, theories, and hypotheses (the law of effect).
- Do not capitalize when referring to generalities (any department, any introductory course).

## Commas

- Do not use commas to separate parts of measurement (9 lbs 5 oz). Use the metric system, as a rule.
- Use commas before "and" in lists, for example, height, width, and depth.
- Use commas between groups of three digits, for example, 1,453.
- Use commas to set off a reference in a parenthetical comment (Patrick, 1993).
- Use commas for seriation within a paragraph or sentence. For example, "three choices are (a) true, (b) false, and (c) don't know." Use semicolons for seriation if there are commas within the items. For example, (a) here, in the middle of the item, there are commas; (b) here there are not; (c) so we use semicolons throughout.
- Use commas in exact dates, for example, April 18, 1992 (but not in April 1992).

## Hyphenation

- Do not hyphenate *-ly* and superlative words (*widely* used test, *best* informed students).
- Do not hyphenate common prefixes (posttest, prewar, multiphase, nonsignificant) unless needed for clarity (pre-existing).
- Do not hyphenate foreign, letter, numeral terms (a priori hypothesis, Type A behavior) when the meaning is clear without it (least squares solution, heart rate scores).
- Do not hyphenate if a noun comes first (a therapy was client centered, results of *t* tests).
- Hyphenate adjectival phrases (role-playing technique, high-anxiety group, two-way analysis).
- Hyphenate compound adjectives preceding nouns (client-centered therapy, *t*-test scores) unless the compound adjective involves a superlative (best written paper).
- Hyphenate if the base is an abbreviation or compounded (pre-UCS, non-college bound).
- Hyphenate if the base word is capitalized or a number (pre-Freudian, post-1960).

- Hyphenate if the words could be misunderstood without a hyphen (re-pair, un-ionized, co-worker).
- If in doubt, consult a recently published dictionary. Standards change. For example, "data base" is now "database," and "life-style" is now "lifestyle."

#### Italics (Underlining)

- Do not italicize or underline common foreign abbreviations (vice versa, et al., a priori).
- Do not italicize or underline for mere emphasis.
- Italicize or underline the titles of books and articles, species names, introduction of new terms and labels (the first time only), words and phrases used as linguistic examples, letters used as statistical symbols, and volume numbers in reference lists.

#### Miscellaneous: Colons, dashes, parentheses, numbering paragraphs

- Do not use "and/or." Write things out. For example, "Monday, Tuesday, or both" is preferable to "Monday and/or Tuesday."
- Do not use a colon or other punctuation after an introduction which is not a complete sentence such as

this one, or any other sentence in the body of text which flows into an extended quote. The quote "picks up where the sentence leaves off" and provides the punctuation.

- Use a dash (rendered on typewriters and some word processors as a double hyphen) when there is a sudden interruption like this one--zoiks!--in the flow of a sentence. Overuse "weakens the flow of the writing" (APA, 2001, p. 81).
- Use parentheses to introduce an abbreviation, for example, the galvanic skin response (GSR).
- Use *appendixes* (appendices) as the plural of *appendix*. Use *datum* as singular, *data* as plural. Use *matrix* as singular, *matrices* as plural. *Phenomenon* is the singular form of the plural *phenomena*. Use *schema* as singular, *schemas* (not *schemata*) as plural.
- When listing separate paragraphs in a series, use a number and a period, not parentheses.
  1. The first paragraph goes here.
  2. The second paragraph goes here.

#### Numbers

- Spell out common fractions and common expressions (one-half, Fourth of July).
- Spell out large numbers beginning sentences (Thirty days hath September . . .).
- Spell out numbers which are inexact, or below 10 and not grouped with numbers over 10 (one-tailed *t* test, eight items, nine pages, three-way interaction, five trials).
- Use numerals for numbers 10 and above, or lower numbers grouped with numbers 10 and above (for example, from 6 to 12 hours of sleep).
- To make plurals out of numbers, add *s* only, with no apostrophe (the 1950s).
- Treat ordinal numbers like cardinal numbers (the first item of the 75th trial . . .).

- Use combinations of written and Arabic numerals for back-to-back modifiers (five 4-point scales).
- Use combinations of numerals and written numbers for large sums (over 3 million people).
- Use numerals for exact statistical references, scores, sample sizes, and sums (multiplied by 3, or 5% of the sample). Here is another example: "We used 30 subjects, all two year olds, and they spent an average of 1 hr 20 min per day crying.
- Use metric abbreviations with figures (4 km) but not when written out (many meters distant).
- Use the percent symbol (%) only with figures (5%) not with written numbers (five percent).

### Quotation Marks

- Use quotation marks for an odd or ironic usage the first time but not thereafter, for example, "This is the "good-outcome" variable, but as it turns out, the good-outcome variable predicts trouble later on . . ."
- Use quotation marks for article and chapter titles cited in the text but not in the reference list. (In Smith's (1992) article, "APA Style and Personal Computers," computers were described as "here to stay" (p. 311).)

### Extended quotations

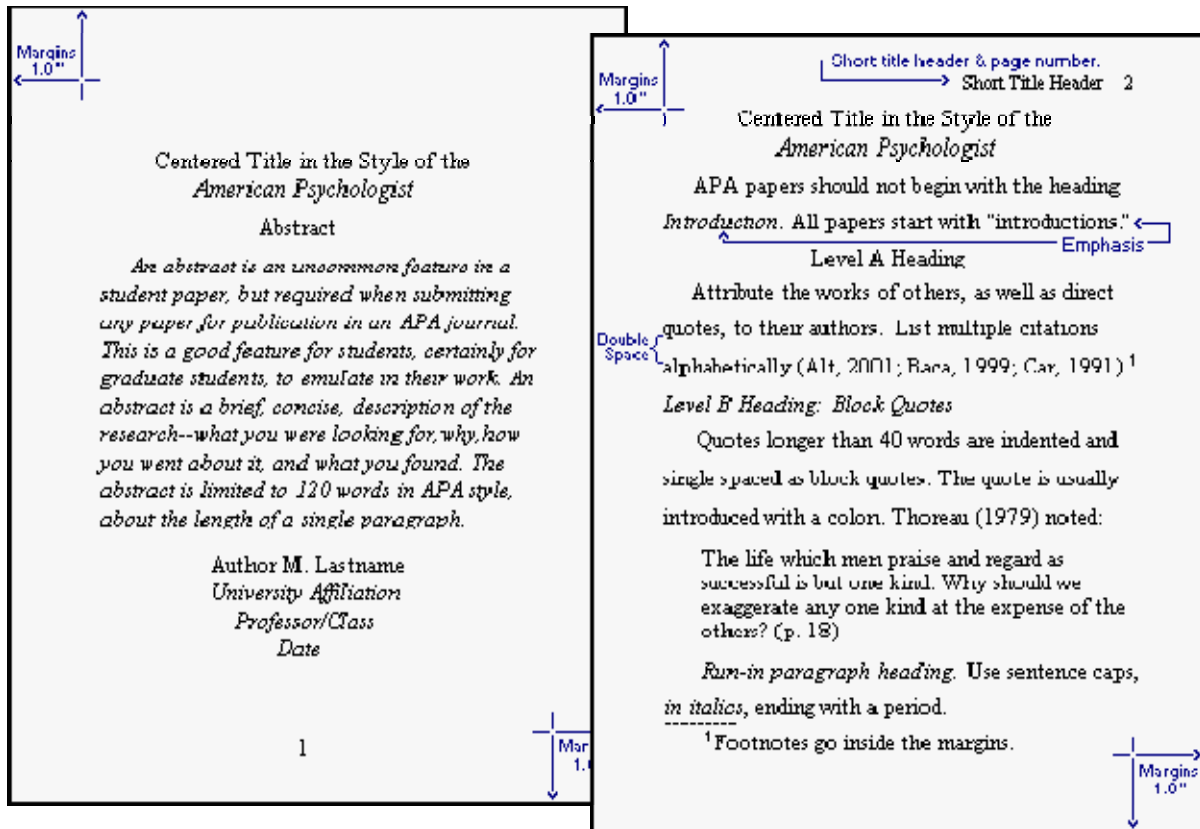
- Add emphasis in a quotation with italics, *immediately followed by the words* [italics added] in brackets.
- Brackets are not necessary when changing the first letter of a quotation to upper case.
- For quotations over 40 words in length, indent and single space the whole block (double space in papers for review or publication). Indent five more spaces (one-half inch, 1.25 cm) if there are paragraphs within the long quotation after the first. Always provide author, year, and page citation.
- Expand or clarify words or meanings in a quotation by placing the added material in quotes. For example, "They [the Irish Republican Army] initiated a cease-fire."
- Reproduce a quote exactly. If there are errors, introduce the word *sic* italicized and bracketed--for example [sic]--immediately after the error to indicate it was part of the original source.
- Use three dots with a space before, between, and after each (ellipsis points) when omitting material, four if the omitted material includes the end of a sentence (with no space before the first). Do not use dots at the beginning or end of a quotation unless it is important to indicate the quotation begins or ends in midsentence.

### **Do NOT use quotes to . . .**

- . . . cite a linguistic example; instead, underline or italicize the term (the verb *gather*).
- . . . hedge, cast doubt, or apologize (he was "cured"). Leave off the quotes.
- . . . identify endpoints on a scale; underline or italicize instead (*poor* to *excellent*).
- . . . introduce a key term (the *neoquasipsychoanalytic* theory).

## PAGE FORMATS

The *APA Manual* notes that "the size of the type should be one of the standard typewriter sizes (pica or elite) or, if produced from a word processing program, 12 points" (2001, p. 285). The body of the paper should be in a serif typeface (like Courier or Times Roman) with lettering on figures in a sans serif typeface (such as Helvetica or Arial).



### Headings

**APA headings** follow a complex hierarchy, with provision for up to five levels. These come, in descending order, as levels 5, 1, 2, 3, 4. But, if one, two, or three levels of headings are required in a paper, use levels 1, 3, and 4, in that order. If four levels are required, interleave level 2 between levels 1 and 3. If five levels are required, start with level five and work down the remaining hierarchy in order (5, 1, 2, 3, 4). Confused? Most papers will need no more than three levels. To avoid confusion these are labeled A, B, and C below (APA levels 1, 3, and 4 respectively) (see APA, 2001, pp. 114ñ115).

**Level A Headings are Centered and Set in Heading Caps**

**Level B: Flush with Left Margin, Italicized, Set in Heading Caps**

**Level C headings: Indented, italicized, sentence caps, end with a period.** These headings are sometimes referred to as *paragraph* or *run-in* headings. Although they end with a period (or other punctuation) they need not be complete sentences or grammatically correct.

Use headings in the order presented. If you need just two levels, use Level A and Level B headings. Level A and B headings do not end with punctuation except to add emphasis with an exclamation point or question mark. Do not begin a paper with the heading *Introduction*. It is understood that all papers begin with an introduction.

Text details

- Abstracts are limited to 120 words (APA, 2001, p. 13).
- Double space the text, but *single space* within block quotes, references, and the abstract.
- Footnotes are rarely used in APA papers, except for author affiliation and contact information--the *author note*.
- Hyphenation should not occur at the end of lines, only between words when necessary.
- Indent paragraphs, block quotes, and hanging indents one-half inch (1.25 cm or five to seven spaces).
- Justification should be set to "off" or "left margin only" (the right margin should be uneven, a *ragged right margin*).
- Keyword emphasis requires the use of italics, but only the first time a term is used. If the intent is to indicate odd or ironic usage, use quotation marks.
- Margins should be at least 1" all around (about 2.5 cm).
- Page numbers are required on every page: Number pages consecutively.
- The page header summarizes the title in a few words. The header and page number go inside the margin space, double spaced above the text, next to the right margin.
- Word processor features--such as bold and italic fonts and hanging indents--should be used as appropriate.

## References and tables

The image shows two side-by-side examples of APA-style pages. The left page is a reference page with a 'Short title header & page number' of 'References 10'. The right page is a table page with a 'Short title header & page number' of 'Table 1 8'. Both pages have a 1.0" margin on the left and right sides. The table on the right page is titled 'Table 1: Homicides by Race of the Victim: United States, 1993' and contains the following data:

| Race               | Population <sup>a</sup> | Homicides | Rate <sup>b</sup> |
|--------------------|-------------------------|-----------|-------------------|
| Black <sup>c</sup> | 29,986                  | 12,114    | 40.5*             |
| White              | 199,686                 | 12,153    | 6.1               |
| Other <sup>d</sup> | 19,038                  | 635       | 3.3**             |
| Total              | 248,710                 | 24,932    | 10.0              |

Annotations on the pages include: 'Margins 1.0"', 'Short title header & page number', and 'Place tables and figures in your text close to where they are first discussed.' Below the table, it says 'Continue your text after the table or figure. Note, large tables are rarely studied in detail by most readers. Think small, concise, focused.'

## Table notes

**Number tables** consecutively as they appear in your text. Use only whole numbers, no 5a, 5b, etc. See recent issues of the *American Psychologist* or other APA journals for more complex table layouts. "Tables are efficient, enabling the researcher to present a large amount of data in a small amount of space" (APA, 2001, p. 147).

- Place tables close to where they are first mentioned in your text, but do not split a table across pages. (Tables in papers submitted for review or publication are placed on separate pages at the end of the paper.)
- Label each table beginning with the table number followed by a description of the contents.
- Horizontal rules (lines) should be typed into tables; do not draw them in by hand.
- Each row and column must have a heading. Abbreviations and symbols (e.g., "%" or "nos.") may be used.
- Do not change the number of decimal places within a column.
- Do not change the units of measurement within a column.
- "Use a zero before the decimal point when numbers are less than one" (APA, 2001, p. 128). Write "0.23" not ".23" *unless* the number is a statistic that cannot be larger than one, for example a correlation  $r = .55$ , or a probability  $p < .01$ .
- Add notes to explain the table contents. These may be general notes or footnotes. The latter are labeled "a, b, c, etc."

- Use asterisks to indicate statistical significance explained in the probability level note at the bottom of the table. "Assign a given alpha level the same number of asterisks from table to table within your paper, such as  $*p < .05$  and  $**p < .01$ ; the largest probability receives the fewest asterisks [the smaller probability get more asterisks]" (APA, 2001, p. 170).
- You may both single space and double space within a table to achieve clarity. Tables in papers submitted for review or publication (only!) must be double spaced throughout.

## REFERENCE CITATIONS (IN-TEXT)

**Use the author-date format** to cite references in text. For example: as Smith (1990) points out, a recent study (Smith, 1990) shows. . . . Every source cited in your text--and only those sources cited in your text--are referenced in the reference list.

| Source                   | Citation  | Source           | Citation   |
|--------------------------|---|------------------|--|
| <b>No Author</b>         | (Short Title, 2000) ("Short Article," 2000)                   | <b>Chapter</b>   | (Smith 2000, chap. 3)                                      |
| <b>1 Author</b>          | (Smith, 2000) (Smith, 2000, p. 123)                           | <b>Data File</b> | (Corporate Author, 2000)                                   |
| <b>2 Authors</b>         | (Adams & Baca, 2000, pp. 123-146)                             | <b>In Press</b>  | (Smith, in press)  |
| <b>3/5 Authors</b>       | (Adams, Baca, & Car, 2000)<br>Next Cite: (Adams et al., 2000) | <b>Message</b>   | (A. B. Smith, personal communication,<br>January 23, 2001) |
| <b>6 Authors+</b>        | (Jones et al., 2001)  | <b>Multiple</b>  | (Able, 2000; Baca, 1950; Car 1975)                         |
| <b>Corporate Acronym</b> | (United Nations [UN], 1996)<br>Next Cite: (UN, 1996)          | <b>No Date</b>   | (Smith, n.d.)  |

Source: **APA Citation Manual (2001)**.

- For two-author citations, spell out both authors on all occurrences.
- For multiple-author citations (up to five authors) name all authors the first time, then use et al., so the first time it is Smith, Jones, Pearson and Sherwin (1990), but the second time it is Smith et al., with a period after "al" but no underlining.
- The first time an "et al." reference is used in a paragraph, give the year, thereafter (if the citation is repeated in the paragraph) omit the year.
- For six or more authors, use et al. the first time and give the full citation in references.
- Include a page reference after the year, outside quotes. For example: The author stated, "The effect disappeared within minutes" (Lopez, 1993, p. 311), but she did not say which effect; Lopez found that "the effect disappeared within minutes" (p. 311). The sentence quoted is capitalized only if it follows a comma, and is a complete sentence not merged into the flow of the text.
- If two or more multiple-author references which shorten to the same "et al." form, making it ambiguous, give as many author names as necessary to make them distinct, before et al. For example: (Smith, Jones, et al., 1991) to distinguish it from (Smith, Burke, et al., 1991).
- Join names in a multiple-author citation with *and* (in text) or an ampersand (&) in reference lists and parenthetical comments. For example: As Smith and Sarason (1990) point out, the same argument was made by in an earlier study (Smith & Sarason, 1990).

- If a group is readily identified by its initials, spell it out only the first time. For example, "As reported in a government study (National Institute of Mental Health [NIMH], 1991), blah blah . . ." and thereafter, "The previously cited study (NIMH, 1991) found that . . ."
- If the author is unknown or unspecified, use the first few words of the reference list entry (usually the title), for example: ("Study Finds," 1992).
- If citing multiple works by the same author at the same time, arrange dates in order. In general, use letters after years to distinguish multiple publications by the same author in the same year. For example: Several studies (Johnson, 1988, 1990a, 1990b, 1995 in press-a, 1995 in press-b) showed the same thing.
- For old works cite the translation or the original and modern copyright dates if both are known, for example: (Aristotle, trans. 1931) or (James, 1890/1983).
- Always give page numbers for quotations, for example: (Cheek & Buss, 1981, p. 332) or (Shimamura, 1989, chap. 3, p. 5).
- For e-mail and other "unrecoverable data" use personal communication, for example: (V.-G. Nguyen, personal communication, September 28, 1993). These do not appear in the reference list.
- For quoting electronic documents without page numbers, cite paragraph numbers if given, indicated by the paragraph symbol or the abbreviation para. in the citation (e.g., Smith, 2000, ¶ 17). If there are no paragraph numbers, cite the nearest preceding section heading and count paragraphs from there (e.g., Smith, 2000, Method section, para. 4).

## REFERENCE FORMATS

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Your text and the reference list must agree. "References cited in text must appear in the reference list; conversely, each entry in the reference list must be cited in text" (APA, 2001, p. 215). See the section on [Reference citations](#) for citing references in text.

Abbreviating within a reference

Here are approved abbreviations for use in a reference list:

- |  |   |
|--|---|
| • <b>chap.</b> for chapter                                 | • <b>pp.</b> for page numbers (plural)    |
| • <b>ed.</b> for edition                                   | • <b>Vol.</b> for a specific Volume       |
| • <b>rev. ed.</b> for revised edition                      | • <b>vols.</b> for a work with xx volumes |
| • <b>2nd ed.</b> for second edition                        | • <b>No.</b> for Number                   |
| • <b>Ed.</b> for Edited by                                 | • <b>Pt.</b> for Part                     |
| • <b>(Eds.)</b> for multiple editors                       | • <b>Suppl.</b> for Supplement,           |
| • <b>Trans.</b> for Translated by                          | • <b>Tech. Rep.</b> for Technical Report  |
| • <b>p.</b> for page number, with a space after the period |   |

Use the abbreviation "pp." for page numbers in encyclopedia entries, multi-page newspaper articles, chapters or articles in edited books, but *not* in journal or magazine article citations, where numbers alone should be used (see examples of reference formats).



## Alphabetizing within reference lists

- Use prefixes in alphabetizing names if commonly part of the surname (De Vries).
- Do not use *von* in alphabetizing (Helmholtz, H. L. F. von), or *Jr.*, *III*, or *Sr.*
- Treat *Mc* and *Mac* literally; *Mac* comes before *Mc*.
- Disregard apostrophes, spaces, and capitals in alphabetizing; *D'Arcy* comes after *Daagwood*, *Decker* comes after *de Chardin*.
- Single-author citations precede multiple-author citations of the same year (Zev, 1990 then Zev et al., 1990).
- Alphabetize corporate authors by first significant word. Do not use abbreviations in corporate names.

## APA reference style

**The APA Publication Manual** now instructs authors to use hanging indents for references, and to use *italics* for titles. The hanging indent is one-half inch (1.25 cm), just like paragraph indents. All titles in references are set in sentence caps, but titles quoted in the text are set in heading caps. No quotation marks are used around titles of articles in references, but quotes are used when citing article titles in the text. The *APA Publication Manual* (2001) contains 95 examples of different reference types (pp. 240-281). Here are a few examples of the most commonly used formats.

### **Anonymous or unknown author (common in newspapers):**

Caffeine linked to mental illness. (1991, July 13). *New York Times*, pp. B13, B15.

Citation: ("Caffeine Linked," 1991). Use heading caps when citing titles in text citations.

### **Books (Group author, 3ñ5 authors, reprint/translation, edition other than first):**

American Psychiatric Association. (1990). *Diagnostic and statistical manual of mental disorders* (3rd ed). Washington, DC: Author.

Citation: (American Psychiatric Association [APA], 1990); next citation (APA, 1990). Note: "Author" is used as above when author and publisher are identical.

Booth, W. C., Colomb, G. G., & Williams, J. M. (1995). *The craft of research*. Chicago: University of Chicago Press.

Citation: (Booth, Colomb, & Williams, 1995); next citation (Booth et al., 1995).

Ebbinghaus, H. (1913). *Memory* (H. A. Rueger & C. E. Bussenius, Trans.). New York: Teachers College. (Original work published 1885)

Citation: (Ebbinghaus, 1885/1913).

Strunk, W., Jr., & White, E. B. (1979). *The elements of style* (3rd ed.). New York: Macmillan.

Citation: (Strunk & White, 1979).

#### **Chapter or section in a book (online & print):**

Beers, M. H., & Berkow, R. (1999). Mood disorders. In *The Merck manual of diagnosis and therapy* (17th ed., sec. 15, chap. 189). Retrieved January 17, 2003, from <http://www.merck.com/pubs/mmanual/section15/chapter189/189a.htm>

Stephan, W. G. (1985). Intergroup relations. In G. Lindzey & E. Aronson (Eds.), *The handbook of social psychology* (3rd ed., Vol. 2, pp. 599-658). New York: Random House.

Citations: (Beers & Berkow, 1999, chap. 189); (Stephan, 1985). Note: Break a URL to wrap a line only after a slash or before a period. Do not add a hyphen or any other punctuation.

#### **Conference paper (unpublished):**

Shrout, P. E. (Chair), Hunter, J. E., Harris, R. J., Wilkinson, L., Strouss, M. E., Applebaum, M. I., et al. (1996, August). *Significance tests: Should they be banned from APA journals?* Symposium conducted at the 104th Annual Convention of the American Psychological Association, Toronto, Canada.

Citation: (Shrout et al., 1996). APA references list up to the first six authors to a work. If there are more add et al. (and others) to the list of names. In text citations give just the lead author, et al. Published papers are referenced as a chapter in a book.

#### **Government report online accessed through GPO database:**

National Institute of Mental Health. (2002). *Breaking ground, breaking through: The strategic plan for mood disorders research of the National Institute of Mental Health* (Publication No. 0507-B-05). Retrieved January 19, 2003, from NIMH Web site via GPO Access: <http://purl.access.gpo.gov/GPO/LPS20906>

Citation: (National Institute of Mental Health [NIMH], 2002); next citation (NIMH, 2002).

#### **Journal articles (Print, electronic copy, changed source, online journal, paged by issue):**

Hypericum Depression Trial Study Group. (2002). Effect of *Hypericum perforatum* (St John's Wort) in major depressive disorder: A randomized controlled trial. *JAMA*, 287, 1807-1814.

Citation: (Hypericum Depression Trial Study Group, 2002). The *APA Manual* requires citing the full name of a corporate author like this; the acronym would not be easily

recognized. However, shortening the author to "Hypericum Depression Trial" in subsequent citations would probably be acceptable to editors of APA journals.

*Journal article, electronic facsimile:*

Hypericum Depression Trial Study Group. (2002). Effect of *Hypericum perforatum* (St John's Wort) in major depressive disorder: A randomized controlled trial [Electronic version]. *JAMA*, 287, 1807-1814.

Many documents are now available online as exact facsimile copies of the print original (usually in Adobe's PDF format). References to these facsimiles just add the note [Electronic version] to the reference. If the document is not an exact copy of a print version--"(e.g., the format differs from the print version or page numbers are not indicated)"--add the date you retrieved the document and the URL to the reference (APA, 2001, p. 271).

*Journal article, changed/doubtful source:*

Hypericum Depression Trial Study Group. (2002). Effect of *Hypericum perforatum* (St John's Wort) in major depressive disorder: A randomized controlled trial. *JAMA*, 287, 1807-1814. Retrieved July 7, 2002, from <http://www.jama.org/articles.html>

*Journal article, retrieved from a database:*

Hypericum Depression Trial Study Group. (2002). Effect of *Hypericum perforatum* (St John's Wort) in major **depressive disorder: A randomized controlled trial**. *JAMA*, 287, 1807-1814. Retrieved July 7, 2002, from MEDSYS database.

**Online only journal (paged by issue):**

**Letter to the editor:**

O'Neill, G. W. (1992, January). In support of DSM-III [Letter to the editor]. *APA Monitor*, 4-5.

**Magazine article:**

Gardner, H. (1991, December). Do babies sing a universal song? *Psychology Today*, 70-76.

**Newsletter/newspaper articles:**

Brown, L. S. (1993, Spring). My research with oranges. *The Psychology Department Newsletter*, 3, 2.

Goleman, D. (1991, October 24). Battle of insurers vs. therapists: Cost control pitted against proper care. *New York Times*, pp. D1, D9.

Markoff, J. (1996, June 5). Voluntary rules proposed to help insure privacy for Internet users. *New York Times*. Retrieved April 1, 1996, from <http://www.nytimes.com/library/cyber/week/yo5dat.html>  
The date is given as it appears on the publication. For anonymous newspaper articles, see the previous section on "Anonymous or unknown authors."

#### **Pamphlet:**

Just Say No Foundation. (1992). *Saving our youth*. (9th ed.) [Brochure]. Washington, DC: Author.

#### **Web page:**

Dewey, R. A. (2002). *Psych Web by Russ Dewey*. Retrieved January 25, 2003 from <http://www .psywww.com/>

### **Audio Visual Equipment Borrowing Guidelines Audiovisual Resources**

Both students and Faculty may borrow videos and/or video equipment from the IMS Audio-visual Section. Please refer to the IMS section for further details.

Faculty and students may also borrow videos and CD-ROMS from various libraries and/or other departments at McGill University, such as the Health Science Library, School of Nursing, School of Social Work, and hospitals affiliated with McGill.

The School maintains a collection of clinically produced videotapes with case studies from a broad range of pediatric and adult neurology, assessments in progress, as well as historic neurological treatment approaches. Lecturers contribute new materials as they are developed and can draw from pre-existing tapes for illustrative purposes.

In addition, the School maintains a small basic science and professional video and CD-ROM collection that is available for Faculty and/or students to use in class to support various learning objectives or to borrow for review purposes. The School has state-of-the-art audiovisual equipment in each of the main classrooms and a small number of video cameras, etc. for faculty to borrow.

#### **Access to the Audio-Visual Equipment**

McGill has recently upgraded a substantial number of classrooms and lecture halls with new seating and media packages. At the School of Physical & Occupational Therapy, 7 of our classrooms (Hosmer 101, 102, 202, 301, Coach House gymnasium, Davis 3 and 20) have been equipped as follows: podium, built-in PC with CD capacity and USB extension port, monitor, laptop capacity, LAN connectivity, DVD-VCR player and data projector. Hosmer 102 also has a microphone, amplifier and speakers. Standard slide projectors are being phased out across campus. Our remaining slide projectors are found in Hosmer 102

and Davis 3. Overhead projectors are still available in all classrooms. Portable LCD projectors from IMS must be reserved from IMS far in advance by emailing Alan Hammaker: [alan.hammaker@mcgill.ca](mailto:alan.hammaker@mcgill.ca).

All amphitheatres in McIntyre Medical Building, which are commonly used by the School, have similar state-of-the-art lecture hall equipment and public address systems. Where overhead projectors have been removed, document cameras have replaced them.

Furthermore, wireless internet connection is available at various areas within McGill University. Hosmer and Davis Houses have full wireless coverage, but not the Hosmer Coach House (Annex).

### **Audio visual equipment available by reservations only**

- video cameras
- VCRs and television monitors
- 16-mm film projectors (for in-School use)
- audio cassette recorders
- slide projectors (for unequipped rooms)
- overhead projectors (for lab meetings, etc.)
- laser pointers

To reserve equipment and materials please see or email Mr. Alan Hammaker, the Chief Technician in Hosmer House, Room 100, who will help you locate the suitable materials and will ask you to fill out a loan card. Loans to students are based on an honour system: ID cards are not required.

You may view audiovisual material on the 4<sup>th</sup> floor of 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**

All audiovisual material to be borrowed MUST BE SIGNED IN AND OUT. A yellow loan card for this purpose is available in Hosmer House, Room 100.

1. Instruction sheets and pamphlets are available for all items of equipment. 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 100 (398-4516 or [alan.hammaker@mcgill.ca](mailto:alan.hammaker@mcgill.ca)) immediately.
2. Immediately after viewing, all audiovisual materials must be returned to Hosmer House, Room 100.
3. Any equipment in need of repair should be reported to Mr. Alan Hammaker immediately.

### Catalogues:

A small selection of videotape and film catalogues is available in Hosmer House. See Mr. Hammaker in Hosmer room 100.

### **McGill Libraries**

The Life Sciences Library is administered as 1 of 16 libraries comprising the McGill Libraries system. The Library holds 3.5 million volumes.

Since 2000, McGill has used the Unix-based Aleph online library catalogue system from Ex Libris to operate MUSE, the Library catalogue. McGill maintains high standards in its Technical Services department, ensuring that materials are catalogued so users can readily locate them.

### **Life Sciences Library**

The Life Sciences Library occupies the 3<sup>rd</sup> and half of the 4<sup>th</sup> floor of the McIntyre Medical Sciences Building. When on campus, students in the School of Physical and Occupational Therapy are in immediate proximity, with Davis House just across Promenade-Sir-William-Osler.

The Life Sciences Library participates in a consortium of McGill-affiliated teaching hospitals. This consortium ensures that students in clinical training have access to good onsite libraries and to McGill's electronic resources.

A wing of the Life Sciences Library houses the Osler Library, the major history of medicine library in Canada and recognized internationally as the source of information on Sir William Osler. The Osler Library is a humanities library within a scientific library. It encourages students and faculty to take a different perspective and draws users from across the Faculty of Medicine as well as from other faculties.

McGill was the first library in Canada, in 1973, to search the MEDLINE database and continues to provide innovative services to the McGill community. In the early 90s, McGill became the Internet service provider to affiliated teaching hospitals, giving students, clinical faculty, and researchers immediate access to databases licensed by the Library. Access has changed rapidly from print to electronic. At the end of 2001, 1,000 journals were available electronically; at the end of 2002, 2,800. These journals, as well as books and patient handouts in electronic form licensed by the Library and practice guidelines linked through the Library's web page, are available on campus and in teaching hospitals. The Library devotes significant attention to its web site (<http://www.mcgill.ca/lsl/>) and it is heavily used. The site organizes the changing myriad of resources purchased with those available for free. A page specific to Physical Therapy and Occupational Therapy (<http://www.mcgill.ca/lsl/collections/links/subject/poth/> last updated April 16, 2008) is maintained using specified criteria for link inclusion. A training programme ensures that faculty and students are aware of the resources available and have the skills to use them effectively. Students and faculty regularly consult Library staff for help with more complicated literature searches and generally to expedite use of the Library and its changing array of resources.

## Access

The Library is open through the day Monday to Friday and evenings and weekends throughout the School term.

Access to Library resources is available via all computers connected to the McGill Internet backbone and through dial-in and high-speed accounts. The Library catalogue is accessible through MUSE, a web-based online public access catalogue. Information and links relevant to the health sciences community are organized via the Health Sciences Library web site. McGill has been the Internet service provider for affiliated teaching hospitals for a decade. As a consequence, all teaching hospitals are on the McGill Internet backbone and all electronic resources licensed for access for McGill are available in all these hospitals. Physical and Occupational Therapy students have access to Library resources from clinical settings, with the access from teaching hospitals more immediate than that offered to students in other institutions almost without exception in the US and Canada.

The Life Sciences Library has been amongst the first in Canada to offer links to full text articles directly from databases, for example, MEDLINE via PubMed and the variety available via the OVID interface, used for literature searching. Increasingly, links to electronic full text are provided in the Library's online catalogue.

As well as computer access dedicated to Physical and Occupational Therapy students in the Herbert Black Unit, the Library offers 36 workstations, with 20 in a bank linked to a black and white printer, a colour printer, and a scanner and including some with CD-ROM read-write and Microsoft productivity software.

## Services

During regular working hours Monday to Friday, Library staff, including professional librarians and a computer technician, provides assistance. Librarians in training from the McGill Graduate School of Library and Information Studies provide assistance evenings and weekend, with more difficult questions referred to regular staff. Assistance via telephone, electronic mail, and via web request forms is also available, but is not heavily used.

The Life Sciences Library offers classes in the Library as part of the Faculty of Medicine teaching curriculum. The major responsibility of 2 professional staff positions is teaching and training for information literacy. Lectures, demonstrations, and hands-on workshops are given to faculty and students in the School. Classes range in size from 3 to 120. A computer training room funded by the Faculty of Medicine was opened in May 2003. It has 23 stations for hands-on workshops.

Library staff via interlibrary loan obtains items not held by McGill Libraries for students and faculty at no charge. The CISTI Source service allows graduate students and faculty to request items from the Canada Institute for Scientific and Technical Information directly.

## Collections

A search of the McGill catalogues for all types of materials using keywords “Occupational Therapy” locates 555 items. In the National Library of Medicine call number for Occupational Therapy (WB555), the Health Sciences Library has 120 texts on the shelves.

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 Hand Therapy
- 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

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 2<sup>nd</sup> floor of the McIntyre Medical Sciences Library; those published in 1961 and after are on the 3<sup>rd</sup> floor.

McGill offers access to all major databases including MEDLINE, CINAHL, and PsycInfo but excluding Excerpta Medica. Links to databases particularly relevant to Physical and Occupational Therapy are included in the Library’s web page for this discipline.



## **Occupational Therapy Assessment Library**

The Occupational Therapy Assessment Library is a learning resource of the Occupational Therapy Program. The goal of the Occupational Therapy Assessment Library is to provide Occupational Therapy students and faculty with resource materials (primarily clinical assessments) for course related purposes. It is also a resource that is made available to the clinical community and students and Faculty in the Physical Therapy Program.

### 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 borrowed and returned directly to the library during library hours. In exceptional circumstances, special arrangements for borrowing or returning materials outside of library operating hours can be made by contacting the librarian at (514) 398-2048.

### Library Holdings

A complete inventory list is kept at the library and is available for perusal.

### Lending Procedures

The borrowing of assessments that are required for Occupational Therapy courses is restricted to the instructor and students registered for that course during the term when the course is offered. In the pre-examination period these may be restricted to use within Hosmer House room 13.

Students must return the items promptly and in the same condition as when borrowed. Most items have a two week loan policy but may be recalled if other students are waiting for the materials. It is the student's responsibility to report any lost, stolen or damaged items immediately. Students will be responsible for the replacement cost of missing or damaged materials that were not previously reported.

Students must show their McGill ID at the time of the loan transaction and fill in a loan card with contact information.

## **Undergraduate and Graduate Computer Laboratory**

### 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 of Operation

The laboratory is 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 who 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](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 90 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](mailto:pravin.mistry@mcgill.ca)

### **Hosmer 301**

A computer is equipped with CD-ROMs of clinical demonstrations for students' independent study. This may be used at any time during building hours when there is not a class in session. As of 2008, there are self-learning materials for goniometry, manual muscle testing, gait analysis, vestibular rehabilitation, and proprioceptive neuromuscular facilitation (PNF).

### **III. B.Sc. OCCUPATIONAL THERAPY U3 CURRICULUM**

#### **OVERALL COURSE STRUCTURE**

- Important Dates B.Sc. Occupational Therapy U3
- Curricula Plan B.Sc. Occupational Therapy 2008-2009
- List of required courses for B.Sc (OT) & B.Sc. (PT)

#### **PROFESSIONAL COURSE DESCRIPTIONS**

##### **COMBINED PHYSICAL & OCCUPATIONAL THERAPY**

POTH 401 RESEARCH METHODS

POTH 445 ADMINISTRATION/MANAGEMENT

##### **OCCUPATIONAL THERAPY**

OCC1 420 CLINICAL AFFILIATION 4

OCC1 422 CLINICAL AFFILIATION 5

OCC1 424 SPLINTING AND ORTHOTICS

OCC1 436 OT PRACTICE 5: MEDICAL & SURGICAL CONDITIONS

OCC1 437 OT AND COMMUNITY MENTAL HEALTH

OCC1 438 PSYCHOSOCIAL THEORIES IN OT

OCC1 440 PREVOCATIONAL & VOCATIONAL REHABILITATION

OCC1 441 ADVANCED TECHNOLOGY

##### **PROFESSIONAL SPECIALTY COURSES**

OCC1 442 ENABLING ENVIRONMENTS

POTH 402 ADVANCED RHEUMATOLOGY

POTH 403 PAEDIATRICS

POTH 410 CHILD & ADOLESCENT PSYCHIATRY

POTH 441 RESEARCH ELECTIVE

POTH 446 CURRENT TOPICS IN REHABILITATION – GERIATRICS

## B.Sc. OCCUPATIONAL THERAPY U3 IMPORTANT DATES

|                   |   |                                |
|-------------------|---|--------------------------------|
| FALL TERM:        | Registration Period   | Mar. 27 to July 28, 2008       |
|                   | Labour Day  | Sept. 1, 2008                  |
|                   | Orientation   | Sept. 10, 2008                 |
|                   | Lectures Begin  | Sept. 8, 2008                  |
|                   | Course Change (drop/add period)   | Mar. 27 to Sept. 16, 2008      |
|                   | Thanksgiving Day  | Oct. 13, 2008                  |
|                   | Last Day of Lectures  | Nov. 7, 2008                   |
|                   | Examination Period  | Nov. 10 to 14, 2008            |
|                   | MERCURY Evaluation Period   | TBA                            |
|                   |   |                                |
| WINTER TERM:      | Classes Commence  | February 9, 2009               |
|                   | Course Change (drop/add period)   | Mar. 27, 2008 to Jan. 20, 2009 |
|                   | Study Break   | Feb. 22 to Feb. 28, 2009       |
|                   | Easter  | April 10 to 13, 2009           |
|                   | Last Day of Lectures  | April 14, 2009                 |
|                   | MERCURY Evaluation Period   | March 19 to April 14, 2009     |
|                   | Examination Period  | April 15 to 30, 2009           |
|                   |   |                                |
| FALL/WINTER TERM: | CLINICAL AFFILIATIONS 4 and 5   |                                |
|                   | U3 – Two (2) five (5) Week Rotations  |                                |
|                   | <ul style="list-style-type: none"><li>• Nov. 17 to Dec. 19, 2008</li><li>• Jan. 5 to Feb. 6, 2009</li></ul> |                                |
|                   | MERCURY Evaluation Period   | TBA                            |

## U3 CURRICULUM PLAN 2008-2009 OCCUPATIONAL THERAPY PROGRAM

### FALL TERM

Academic Term (9 wks) + Exams (1 wks) + Clinical Affiliation 4 (5 wks) = Total 15 Wks

### WINTER TERM

Clinical Affiliation 5 (5wks) +Academic Term (8 wks) + Exams (2 wks) = Total 15 Wks

| Academic Term   | Exams        | Clinical Affiliation                      | Clinical Affiliation                      | Academic Term  | Exams        |
|---|--------------|---|---|--|--------------|
| Sep 8 to Nov 7  | Nov 10 to 14 | Nov 17 to Dec 19                          | Jan 5 to Feb 6                            | Feb 9 to Apr 14  | Apr 15 to 30 |
| POTH-401<br>RESEARCH METHODS<br>3cr                             |              | OCC1-420<br>CLINICAL AFFILIATION 4<br>3cr | OCC1 422<br>CLINICAL AFFILIATION 5<br>3cr | POTH-445<br>ADMINISTRATION/MANAGEMENT<br>4cr             |              |
| OCC1-424<br>SPLINTING AND ORTHOTICS<br>2cr                      |              |   |   | OCC1-440<br>PRE & VOCATIONAL REHABILITATION<br>2cr       |              |
| OCC1-436<br>OT PRACTICE 5: Medical & Surgical Conditions<br>3cr |              |   |   | OCC1-441<br>ADVANCED TECHNOLOGY/ ERGONOMICS<br>2cr       |              |
| OCC1-438<br>PSYCHOSOCIAL THEORIES IN OT<br>3cr                  |              |   |   | OCC1-437<br>OT & COMMUNITY MENTAL – Part 2<br>3cr        |              |
| OCC1-437<br>OT & COMMUNITY MENTAL – Part 1                      |              |   |   | PROFESSIONAL SPECIALTY COURSE FALL OR WINTER TERM<br>2cr |              |
|   |              |   |   |  |              |

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

### U3 PHYSICAL AND OCCUPATIONAL THERAPY LIST OF REQUIRED COURSES

**Fall Term**  
Sept. 8 to Nov. 7, 2008

**Clinical Affiliations**  
Nov. 17 to Feb. 6, 2009

**Winter Term**  
Feb. 9 to Apr. 14, 2009

**Exam Period**  
Nov. 10 to 14, 2008

**Exam Period**  
Apr. 15 to 30, 2009

| <b>2008-2009 OCCUPATIONAL THERAPY PROGRAM U3</b>  |  |                |
|---|--|----------------|
| <b>Course Number</b>                              | <b>Course Name</b>                           | <b>Credits</b> |
| <b>Combined Courses</b>                           |  |                |
| POTH-401  | Research Methods                             | 3              |
| POTH-445  | Administration/Management                    | 4              |
| <b>OT courses Only</b>                            |  |                |
| OCC1-420  | Clinical Affiliation 4                       | 3              |
| OCC1-422  | Clinical Affiliation 5                       | 3              |
| OCC1-424  | Splinting and Orthotics                      | 2              |
| OCC1-436  | OT Practice 5: Medical & Surgical Conditions | 3              |
| OCC1-437  | OT & Community Mental Health                 | 3              |
| OCC1-438  | Psychosocial Theories in OT                  | 3              |
| OCC1-440  | Prevocational & Vocational Rehabilitation    | 2              |
| OCC1-441  | Advanced Technology                          | 2              |
| <i>See B.Sc. OT U3</i>                            | <i>Professional Specialty Course</i>         | 2              |
| <b>FALL &amp; WINTER TERMS – TOTAL CREDITS 30</b> |  |                |
|   |  |                |
|   |  |                |
| <b>2008-2009 PHYSICAL THERAPY PROGRAM – U3</b>    |  |                |
| <b>Course Number</b>                              | <b>Course Name</b>                           | <b>Credits</b> |
| <b>Combined Courses</b>                           |  |                |
| POTH-401  | Research Methods                             | 3              |
| POTH-445  | Administration/Management                    | 4              |
| <b>PT Courses Only</b>                            |  |                |
| PHTH-420  | Clinical Affiliation 4                       | 3              |
| PHTH-421  | Clinical Affiliation 5                       | 3              |
| PHTH-432  | Pain Management                              | 3              |
| PHTH-433  | Coordinated Rehabilitation 1                 | 3              |
| PHTH-434  | Biomechanics                                 | 3              |
| PHTH-435  | Coordinated Rehabilitation 2                 | 3              |
| PHTH-438  | Fitness/Injury Management                    | 2              |
| POTH-446  | Current Topics in Rehabilitation             | 2              |
| POTH-447  | Specialized Areas of Practice                | 2              |
| <b>FALL &amp; WINTER TERMS – TOTAL CREDITS 31</b> |  |                |

## POTH 401 RESEARCH METHODS

**Credits:** 3

**Prerequisites:** Successful completion of previous year courses including clinical affiliation requirements (U2 courses for those in U3 and U1 courses for those in U2).

**Instructor:** Nicol Korner-Bitensky, PhD

Guest speakers for qualitative lecture, measurement lecture and searching the evidence lecture along with one seminar (for U2 only) hosted by various graduate fellows and Faculty members

**Access to Instructor:**

Hosmer H206, Telephone: (514) 398-5457, Home: 514-624-1345 (not after 9:30 PM please) email: [nicol.korner-bitensky@mcgill.ca](mailto:nicol.korner-bitensky@mcgill.ca)

**Course Objective:** The purpose of this course is to expand the knowledge and skills related to research, so that the graduating therapist is able to critically appraise the quality of the scientific evidence and to actively participate in research projects.

**Course Structure:**

Two (2) two (2) hour sessions per week for nine (9) weeks. Lectures, seminars or self-directed sessions.

**Student Learning Objectives:**

Upon completion of this course the student will be able to:

1. Describe strengths, weaknesses and applications of various research designs and statistics used in the analyses of each.
2. Design a questionnaire for use with clients, family members or health professionals.
3. Discuss factors considered when selecting a measurement tool for clinic/research.
4. Classify the current evidence on the effectiveness of an intervention according to specific guidelines and synthesize this information for clinical applicability.
5. Design an evaluation of an existing or a new program.
6. Describe the concepts of cost, cost effectiveness and cost benefit and how they relate to intervention studies.
7. Have the necessary understanding of research ethics guidelines to serve as a member of an ethics committee that reviews rehabilitation protocols.

**Course Content:**

1. Overview of course: survey methods (sampling)
2. Questionnaire design
3. Statistics: use and misuse
4. Cross-sectional studies: theory and application in rehabilitation
5. Experimental and quasi-experimental designs
6. Case-control studies: theory and application in rehabilitation/ critical analysis
7. Cohort studies: theory and application in rehabilitation diagnostics /critical analysis
8. Critical analysis of experimental designs
9. Cross-over studies, Association versus cause
10. Outcome measures: reliability, validity, responsiveness, selection/application
11. In-class quiz
12. Asking and answering a research question – matching the method to the question
13. Single subject designs: use in clinical practice and research
14. Program evaluation
15. Qualitative approaches
16. Cost analysis in health care
17. Ethics in research
18. Selected Topics Seminars (U2 only)

**Course Materials:****Required text:**

*Foundations of Clinical Research : Applications to Practice.* 3<sup>rd</sup> ed. Portney LG, Watkins MP. Appleton & Lange; Norwalk, Connecticut, 2008.

**Additional readings:**

A course syllabus will be made available on the first day of class. Additional readings may be assigned during the course.

**Student Assignments and Evaluation:**

- |                |          |
|----------------|----------|
| 1. Quiz:       | 30 marks |
| 2. Assignment: | 35 marks |
| 3. Final exam: | 35 marks |

**Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. A supplemental exam is permitted in this course. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals. The student's mark will be affected by late submission of the assignment.



This course falls under the regulation concerning individual and group evaluation. Please refer to the section on marks in the Course Guide pages 15-16.

**Plagiarism/Academic Integrity:** McGill University values academic integrity. Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is required throughout the course of the semester. It is each student's responsibility to have appropriate attire during all class assignments and learning activities.

**Attendance:** Attendance at all classes is expected.

**Right to write in (English or in) French:** "Every Student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objectives of the course."

**Consequences of not completing assignments as requested:** An individual who does not complete a required assignment and does not have a university recognized reason for deferral would receive a 0 in that portion of the evaluation.

**Disability:** "If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this."

## POTH 445 ADMINISTRATION/MANAGEMENT

- Credits:** 4
- Prerequisites:** Successful completion of all U2 courses including clinical affiliation requirements.
- Instructors:** Caroline Storr, MBA, OT (c), erg (Co-Coordinator)  
Antoinette Di Re, MBA, PT (MUHC) (Co-Coordinator)

**Access to the Instructors:**

Caroline Storr: Davis House D2, Telephone: (514) 398-6561,

Email: [caroline.storr@mcgill.ca](mailto:caroline.storr@mcgill.ca)

Antoinette Di Re, email: [antoinette.dire@muhc.mcgill.ca](mailto:antoinette.dire@muhc.mcgill.ca)

**Office hours by appointment.**

**Course Objective:** This course is the second professional issues course and builds on knowledge acquired in POTH 250 Health Care and Professionalism.

As the practice of Physical and Occupational Therapy shifts from a hospital/rehabilitation base to ambulatory care, the community and the private sector, and given the move to programmatic structure, increased business and management skills are needed. This course is designed to incorporate business administration as it pertains to the health field to include organizational and management knowledge for the development of skills and behaviours required to support practice both in the public and the private sector. It incorporates an understanding of organizational and change theory, as well as marketing and entrepreneurial strategies.

These skills and behaviours in administration and management are developed and refined with experience gained following graduation, and are not expected to be well developed in the entry-level practitioner.

Thus, the skills and behaviours anticipated in the new graduate will involve knowing where and how to obtain the supports, mentoring and resources to fulfill the responsibilities related to administration and management functions which may be required in the work situation. Life-long learning in the area of administration/management is an anticipated outcome.

The goal of this course therefore is to sensitize students to the administrative and management processes appropriate for the changing roles that the physical or occupational therapy graduate will have in the years to come in order to support career planning and growth.

**Course Structure:** The course geared to Physical and Occupational Therapy will consist of lectures/seminars/presentations over an eight (8) week period on Monday and Wednesday mornings from 9:30 a.m. - 12:30 p.m. starting February 2009 following OCC1 422 Clinical Affiliation 5 and PHTH 421 Clinical Affiliation 5.

**Student Learning Objectives:** Based on a knowledge of organizational theory, management, health care and human resource policies, the student shall be able to:

1. reflect on personal leadership abilities in preparation for professional practice as a clinician and a fieldwork educator
2. given public and private rehabilitation facility situations:
  - a) perform an environmental scan
  - b) identify the administrative tasks involved in their management
  - c) identify and prepare pertinent facility records and reports and indicate how they are used and maintained
  - d) design a rehabilitation facility for each setting taking into account the specific client population needs and the economic, architectural and human resource factors and merits
  - e) understand and apply marketing principles
  - f) outline a total quality management control program including risk and utilization parameters
3. analyse and appraise the intricacies of interpersonal relationships and team interactions within the health care system
4. identify and provide positive reinforcing recommendations for interpersonal relationships and team management
5. assess and modify program process and outcomes
6. relate professional ethics, liability issues and the law to professional practice
7. apply the dimensions of Codes of Ethics to the practice of Occupational and Physical Therapy
8. position the professions of Occupational and Physical Therapy in relation to legislation, health professional organizations and unionization

**Course Content:**

A. Principles of Management Theory to Include:

- development of mission and mandate
- leadership theory
- facilitation of teams
- program and service delivery planning
- matrix and program management and evaluation
- quality management, quality improvement, quality assurance, risk management
- policies and procedures - purpose and development
- departmental planning in public and private sectors

B. Human Resource Policy, Planning and Management:

- recruitment, selection, retention, evaluation
- compensation systems
- supervision, delegation and facilitation
- labour relations - impact on workplace, work teams, conflict resolution
- curriculum vitae/resume - preparing and interpreting
- job interview process, job preview process
- employee assistance, e.g. stress management counselling
- alternative employment contracts
- equity issues

C. Marketing and Entrepreneurial Strategies:

- environmental analysis
- developing the business plan and requests for proposal
- outsourcing on non-core competencies, e.g. technical writing, public relations
- strategic marketing
  - business marketing, strategic business planning
  - social marketing

D. Fiscal Resource Management Including:

- budgeting process
- productivity
- cost-effectiveness

E. Modes of Service Delivery Including:

- institutional practice
- private practice
- community based practice including health management organizations (HMOs), local community health clinics (CLSCs)
- industrial/worksite based practice
- best practice

F. Strategic Information Management:

- outcome/effectiveness indicators and charting
- management information, productivity and service utilization
- client-based information systems (case mix, grouping, methodologies and clinical records)
- market and business analysis
- privacy/confidentiality requirements and responsibilities

G. Program Evaluation planning

- why plan
- why evaluate
- program Evaluation Models

#### H. Principles of Organizational Theory:

- organizational design and behaviour theory
- development and strategy
- organizational change theory and strategy
- organizational restructuring
- governance

#### **Course Materials:**

##### **Required Text (bookstore):**

Richmond, T. and Powers, D.,(2004) Business Fundamentals for the Rehabilitation Professional, Slack Inc., N.J.

##### **Required readings:**

Course pack (bookstore)

##### **Recommended readings:**

Blair, J. & Gray, M. (1985). The Occupational Therapy Manager. The American Occupational Therapy Association.

Braveman, B. (2006) Leading and Managing Occupational Therapy Services. F.A. Davis, Philadelphia, PA.

Fink, A. (2005) Evaluation Fundamental-Insights into the Outcomes, Effectiveness and Quality of Health Programs, second edition, Sage Publications

Health Care Restructuring: A Resource Manual for Physiotherapists (2002) (CPA) Toronto, Ontario (Available from the McGill Book Store)

Hickok, R.J. Physical Therapy Administration and Management, (2<sup>nd</sup> edition). American Physical Therapy Association.

Fazio, L. (2001) Developing Occupation-Centered Programs for the Community. Prentice Hall, N.J.

Gabard, D. L., Martin, M. W. (2003) Physical Therapy Ethics, Davis Company, Philadelphia.

Physiotherapy/Occupational Therapy Workload Measurement System-Manuel de Gestion Financiere.

Nosse, L.J., Friberg, D.G., Kovacek, P.R., (1999) Managerial and Supervisory Principles for Physical Therapists. Williams and Wilkins, Maryland.

Purtilo, R. (1993). Ethical Dimensions in the Health Professions. W.B. Saunders.

Purtilo, R. & Haddad, A. (2002). Health Professional and Patient Interaction (6<sup>th</sup> ed). W.B. Saunders.

Treatment and Progress Records: A Guide to the Preparation and Keeping of Treatment and Progress Records- Canadian Physiotherapy Association.

Walter, J. (1993). *Physical Therapy Management*. Mosby.

Clinical Practice Guidelines, A Discussion Paper for the Canadian Physiotherapy Association - The Canadian Physiotherapy Association, May 1996.

### **Additional references**

Kotler, Philip, Turner, Ronald, E., *Marketing Management* 1989, Prentice Hall, Inc., Scarborough, Ont.

CAOT Publications – Jesierski Rhoda, Gauch, Patric, *On Your Own An Introduction to Private Practice and Self Employment*.

Carlson, J. (2003) *Complementary Therapies and Wellness*. Prentice Hall, N.J.

Ontario Society of Occupational Therapy *Developing a Private Practice*

Ontario Physiotherapy Association *Private Practice Manual, Setting up a Physiotherapy Practice in Ontario*

Sandstrom, R.W., Lohman, H. Bramble, J.D. (2003) *Health Services, Policy and Systems for Therapists*. Prentice Hall, N.J.

The American Occupational Therapy Association, Inc. 1990 *Private Practice, Strategies for Success*

### **Links to marketing/ business plan**

1. [HTTP://STRATEGIS.IC.GC.CA](http://strategis.ic.gc.ca)
2. [HTTP://WWW.CBSC.ORG/IBP](http://www.cbsc.org/ibp)
3. [WWW.SSMU.MCGILL.CA/START-UP](http://www.ssmu.mcgill.ca/start-up)
4. [HTTP://mss.gouv.qc.ca](http://mss.gouv.qc.ca) (good for C.V.)
5. [WWW.yesmtl.org](http://www.yesmtl.org) (Montreal-based resource for young entrepreneurs)

### **Student Assignment and Evaluation:**

- |    |                     |                                   |
|----|---------------------|-----------------------------------|
| 1. | Group OT/PT Project | 50%                               |
|    | √ Presentation      | (45%=10% peer and 35% instructor) |
|    | √ Project Outline   | ( 5%)                             |

Description in course pack

- |    |                                     |       |
|----|-------------------------------------|-------|
| 2. | Case-based Assignments (Individual) | 50%   |
|    | √ Case 1                            | (25%) |
|    | √ Case 2                            | (25%) |

**Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. Both individual and group parts must be passed. A supplemental exam is permitted in this course. Please refer to Section 8.4, Student Evaluation and Promotion, McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals.

**Plagiarism/Academic Integrity:** McGill University values academic integrity. Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the professional program. It is each student's responsibility to have appropriate attire during lectures and presentations.

**Attendance:** Students are expected to attend every lecture. Attendance is compulsory for all group presentations and will be marked accordingly.

**Right to write in (English or in) French:** Every student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objects of the course. Group oral presentations are to be given in English as they are a group learning activity.

**Consequences on not completing assignments as requested:** Assignments are due on dates posted on the lecture schedule on WebCT. Late assignments will be penalized by two (2) marks deducted for each day late.

**Disability:** If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this.

## OCC1 420 CLINICAL AFFILIATION 4

## OCC1 422 CLINICAL AFFILIATION 5

**Credits:**           3   OCC1 420  
                      3   OCC1 422

### **Prerequisites:**

Successful completion of all U2 courses, including clinical affiliation requirements.

**CPR/First Aid:** Students are responsible for getting certified and renewing certification. A minimum of a level C, 12-hour course including adult, children and infants (e.g. with Red Cross, St-John's Ambulance, Bronze Medallion). Students are required to bring a proof of status to Croce Riggi, room D5.

**Immunization:** 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 is sent to the faculty twice during an academic year. McGill Student Health Services will provide students with immunization cards to help them keep track of their immunization status. Cards will be provided to new students during their orientation or during a nursing appointment. These cards will provide students with information regarding mask fit and missing vaccines to complete their immunizations. When the immunization is complete, the card will be signed and stamped by a nurse from McGill Student Health Services; students will also be provided with a copy of their record. It is, however, the student's responsibility to ensure that they receive a copy of these records from McGill Student Health Services and bring them to each clinical placement.

Please consult this website for information on the specific immunization requirements:  
<http://www.mcgill.ca/studenthealth/clinic/immunization/>

**PDSB:** All students must maintain competency in transfer and mobility techniques taught during this compulsory U1 certification.

**Clinical affiliation seminar:** All students must attend the U3 clinical affiliation seminar. This content builds on the knowledge developed in the U1 clinical seminars with which students are expected to be familiar.

Students having completed role-emerging and/or international placements can be invited to be part of a panel showcasing clinical experiences to junior students.



**Important:**

**Failure to complete the required prerequisites before the clinical placement 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 out-of-province placements.**

**Instructors:** Caroline Storr, BSc, MBA, Academic Coordinator of Clinical Education (ACCE)

Susanne Mak, BSc, MSc., Assistant Academic Coordinator of Clinical Education (AACCE)

**Access to the Instructors:**

Caroline Storr, Office: Davis House D2, Tel: (514) 398-6561

Email: [caroline.storr@mcgill.ca](mailto:caroline.storr@mcgill.ca)

Susanne Mak, Office: Davis House D34, Tel: (514) 398-2772

Email: [susanne.mak@mail.mcgill.ca](mailto:susanne.mak@mail.mcgill.ca)

**Course Objective:** These courses are the fourth and fifth of five (5) clinical courses whereby students have the opportunity to integrate theoretical content with practice. Upon completion of the 5<sup>th</sup> clinical course, students are expected to have acquired entry-level clinical competence.

**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 U1, U2, and U3. By the end of the Program, each student will have completed five (5) fieldwork experiences, full-time. Each student is exposed to a variety of clientele and settings (e.g. nursing homes, long-term care institutions, acute care hospitals, rehabilitation centres, CLSCs, etc.; infants, school-aged children, young adults, elderly).

**Schedule:**

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.

|                  |  |                 |                |                  |
|------------------|--|-----------------|----------------|------------------|
| <b>2006-2007</b> | <b>Winter Term</b><br>(March - April, 2007)                      | <b>OCC1-220</b> | <b>6 weeks</b> | <b>0 credits</b> |
| <b>2007-2008</b> | <b>Summer Term</b><br>(May - June, 2008 or<br>June - July, 2008) | <b>OCC1-320</b> | <b>6 weeks</b> | <b>6 credits</b> |

|                  |   |                 |                |                  |
|------------------|---|-----------------|----------------|------------------|
| <b>2007-2008</b> | <b>Summer Term</b><br>(June - July, 2008 or<br>July - August, 2008) | <b>OCC1-321</b> | <b>6 weeks</b> | <b>6 credits</b> |
| <b>2008-2009</b> | <b>Fall Term</b><br>(November - December, 2008)                     | <b>OCC1-420</b> | <b>5 weeks</b> | <b>3 credits</b> |
| <b>2008-2009</b> | <b>Winter Term</b><br>(January - February, 2009)                    | <b>OCC1 422</b> | <b>5 weeks</b> | <b>3 credits</b> |

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, out-of-province and out of catchment Quebec placements.

Every attempt will be made by the university to place students within McGill's catchment territory. In the event, that there is no availability, students will be placed in remote areas of Quebec. All costs related to local and distant locations are the students' responsibility.

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.

### **Level 3 Student Learning Objectives:**

1. To be able to explain with accuracy the OT role within the facility/agency/program
  - The student will be able to define accurately the role of OT in the specific setting
  - The student will be able to compare the role of OT in a variety of settings
  - The student will post at least 1 description of the OT role in their setting onto WebCt to facilitate peer learning
2. To further pursue the application of theoretical concepts to the fieldwork setting
  - The student will demonstrate entry-level to practice clinical reasoning and critical thinking
3. To continue gaining experience in:
  - evaluating clients
  - establishing treatment goals
  - planning and implementing treatment
  - modifying treatment
  - presenting reports - written or oral;
  - functioning as a member of an inter-disciplinary team
4. To master the skills necessary for entry level professional practice.
  - The student will achieve entry-level professional competence in communication, initiative, problem solving and professionalism
  - The student will be independent in work management skills

- The student will carry a workload which is close to that of entry-level practitioner
  - The student will be fully accountable for his/her patients and use the supervisor as a coach/mentor
  - The student will demonstrate motivation to be involved in other areas of practice and role-emerging areas
  - The student will be independent in representing patients in all aspect of health care interventions
  - The student will liaise with community agencies and be an advocate for his/her patients
  - The student will post at least 1 client case history onto WebCT to facilitate peer learning
5. To demonstrate mastery of abilities in self-directed learning and professional development in daily practice
- The student will establish their own learning objectives, self-evaluate their performance and include goals in CBF E
  - To mentor an OT U1 student for 2 1/2 days.

**Course content:** The exact nature of the interventions and the type of clientele seen during the placement will depend on the clinical setting where each student will be placed. Prior to the beginning of the placement, students will be informed in which setting they will be doing their placement and with which type of clientele and details will be specified by the clinical supervisor at the beginning of the placement. Many sites have completed the national site approval document (CGFE-OT) and students are expected to review this material in preparation for their clinical course.

**Course Materials:**

**Required texts:**

The following 4 texts are required for workshop participation and as essential references for all five Clinical Affiliation courses:

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

Principles for Moving Patients Safely. Montreal: ASSTSAS, 1999.

The Student Clinical Experience Booklet.

The Student clinical Affiliation Manual

*Additional readings that sites may assign.*

**Suggested readings:**

Course materials from the previous semesters  
Site approval document (CGFE-OT) on clinical settings available in the office of the Administrative and Student Affairs Coordinator (OT and PT Clinical Education) (D5)

**Other requisites:**

Computer and web access for the required Web-CT component of the course

**Student Assignment and 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 of PASS or FAIL. All students must complete the on-line site feedback form and submit a downloaded copy of this form to their supervisor. This form is available at

[http://medreports.medicine.mcgill.ca/pls/htmldb/f?p=115:1:1740668684879015:::P1\\_SCH OOL:OTH](http://medreports.medicine.mcgill.ca/pls/htmldb/f?p=115:1:1740668684879015:::P1_SCH OOL:OTH)

It is mandatory for students to complete the **Student Clinical Experience Booklet** throughout the three-year Program. Each supervisor must sign this document following each clinical course. Following the completion of the final U3 clinical affiliation, students must bring their completed booklet to the Academic Coordinator of Clinical Education (ACCE), Caroline Storr. Failure to complete the booklet and return it will result in delay of clinical marks and **may delay graduation**. Students are strongly encouraged to develop a **clinical portfolio** including the Student Clinical Experience Booklet, the CBFE evaluations of each placement, student's learning objectives for each placement as well as clinical projects, letters of recommendation and case histories that may have been completed during their placements.

Students are expected to post a minimum of two (2) messages on the Web-CT bulletin board related to their clinical affiliation during each placement (describe the clinical setting, the OT role, case studies...)

Students may be expected to complete a project/assignment during their clinical affiliation (this will be determined in collaboration with the clinical educator). Students must be prepared to learn in different clinical teaching models such as a peer learning situation, multiple supervisors with different clientele in the same center and/or inter-professional models.

**Special Requirements for Course Completion and Program Continuation:**

**OCC1 420 Clinical Affiliation 4** is a PASS or FAIL course. Students who fail OCC1 420 Clinical Affiliation 4 may be granted permission to do a remedial clinical affiliation if they are in satisfactory standing. The dates of the remedial will be arranged with the Academic Coordinator of Clinical Education (ACCE) and will depend on the availability of clinical sites. Every effort will be made to have the remedial completed with the same or

subsequent promotion period (see Clinical Affiliation Guidelines). If the repeated placement or any subsequent placement is failed, the student will be asked to withdraw from the Program.

**OCC1 421 Clinical Affiliation 5** is a PASS or FAIL course. Students who fail OCC1 421 Clinical Affiliation 5 may be granted permission to do a remedial clinical affiliation if they are in satisfactory standing. The dates of the remedial will be arranged with the Academic Coordinator of Clinical Education (ACCE) and will depend on the availability of clinical sites. Every effort will be made to have the remedial completed with the same or subsequent promotion period (see Clinical Affiliation Guidelines). If the repeated placement or any subsequent placement is failed, the student will be asked to withdraw from the Program.

Students are reminded that, due to the sequential nature of the Program, the failure to successfully complete both clinical affiliations at this time may lead to delayed completion of the Program (see Clinical Affiliation Guidelines).

### **Supporting Students in Difficulty During Fieldwork:**

#### a. Mid-term feedback from sites

Student progress in clinical placements is monitored closely by the ACCE's through scheduled mid-term phone calls to supervisors. The calls allow feedback on the student's performance as well as detect difficulties early in the fieldwork learning experience. This feedback mechanism is in place to ensure that students are provided with adequate counselling and assistance in order to optimize chances for a successful learning experience. All students are given the opportunity to discuss learning objectives as well as strengths and weaknesses individually with an ACCE. This individualized counselling and mentoring program is in place for all students regardless of whether they have been identified as having difficulties in their clinical courses or not. Students are encouraged to keep a portfolio of their clinical education evaluations, projects and learning objectives and to review these prior to each clinical course.

#### b. Support for students in difficulty

In situations where students are presenting with difficulties, sites and/or students are encouraged to contact us for discussion and problem solving and when necessary, a visit is scheduled for a meeting to take place between the clinical supervisor, the student and the ACCE from the university. This allows for effective communication between the parties and provides support for both the student and the clinical supervisor.

**Plagiarism/Academic Integrity:** McGill University values academic integrity. Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the clinical placements. It is each student's responsibility to have appropriate attire during clinical placements as well as during the clinical affiliation seminars. It is the student's

responsibility to understand and respect the specific dress code of the clinical site throughout the duration of the placement. Failure to do so may result in the student being dismissed until appropriate dress code is followed.

**Attendance:** It is mandatory for all students to complete all the placement hours. If a student is absent due to health reasons, the student must make up the time missed. These arrangements are made between the supervisor and the student understanding the requirements of the clinical site. Students should contact the ACCE in case of prolonged absence. 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.

**Right to write in (English or in) French:** Every Student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objectives of the course. Students are expected to write in the language of the facility during their clinical affiliation.

All students are reminded to determine their eligibility for licensure with OEQ, respecting Quebec's language laws during U2 of the program. It should be noted that there is a waiting list to write the professional French language exam with the Office de la langue française. Failure to do so may result in excessive delay in becoming a member of the provincial order and inability to practise O.T. in Quebec.

**Consequences on not completing assignments as requested:** Students may be refused to start the clinical affiliations if they do not complete the prerequisites.

**Disability:** If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this.

**Safety:** The student has the right to refuse to do an intervention if this poses a risk to the student's safety or health or if it poses a risk to a patient's safety or health.

**Pregnancy:** Students should be advised that many sites are not able to accommodate pregnant students given the work conditions. In such cases, students are recommended to defer their clinical affiliation course.

## CLINICAL AFFILIATION SEMINARS

**Credits:** 0

**Prerequisites:** None

**Instructors:** Caroline Storr, BSc, MBA, Academic Coordinator of Clinical Education (ACCE)

Susanne Mak, BSc, MSc., Assistant Academic Coordinator of Clinical Education (AACCE)

**Access to the Instructors:**

Caroline Storr, Office: Davis House D2, Tel: (514) 398-6561

Email: [caroline.storr@mcgill.ca](mailto:caroline.storr@mcgill.ca)

Susanne Mak, Office: Davis House D34, Tel: (514) 398-2772

Email: [susanne.mak@mail.mcgill.ca](mailto:susanne.mak@mail.mcgill.ca)

**Course Objective:**

To prepare students for their on-site clinical affiliation and review clinical profile.

**Course Structure:** In the Fall term, U3 students will participate in one seminar, date to be announced. Students who participated in international placements and role-emerging placements may be invited to make brief presentations during an informal colloquium during the Winter term.

**Student Learning Objectives:**

1. To review clinical profile and address outlined strengths and weaknesses in U2 clinical placements promoting reflective practice
2. To review personal learning objectives
3. To be made aware of the procedures required for obtaining licensure in order to practice in Quebec/Canada/USA
4. To acquire strategies in improving his/her employability
5. To prepare for future mentoring/teaching role

**Course Content:**

- Level 3 competencies
- Development of clinical profile
- Individual learning objectives
- Compare/contrast clinical experiences
- Follow-up continuation of WebCT

**Course Materials:**

Refer to course materials for OCC1 320 Clinical Affiliation 2 and OCC1 321 Clinical Affiliation III.

**Plagiarism/Academic Integrity:** McGill University values academic integrity. Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the clinical placements. It is each student's responsibility to have appropriate attire during clinical placements as well as during the clinical affiliation seminars. It is the student's responsibility to understand and respect the specific dress code of the clinical site throughout the duration of the placement.

**Attendance:** Attendance during all clinical affiliation seminars is mandatory and is a prerequisite for starting Clinical Affiliation 4.

**Right to write in (English or in) French:**

Every Student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objectives of the course. Students are expected to write in the language of the facility during their clinical affiliation.

All students are reminded to determine their eligibility for licensure with OEQ, respecting Quebec's language laws during U2 of the program. It should be noted that there is a waiting list to write the professional French language exam with the Office de la langue française. Failure to do so may result in excessive delay in becoming a member of the provincial order.

**Disability:**

If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this.



## TYPES OF CLINICAL AFFILIATIONS

### I. TRADITIONAL PLACEMENTS

Although every effort will be made to place students in the Montreal region (unless otherwise requested), students should expect the possibility of being placed in areas outside Montreal region, in the event of shortage of placement offers. 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.

#### **A) QUEBEC PLACEMENTS:**

Students will be placed in McGill Affiliated Facilities in the greater Montréal area depending on availability, profile requirements and interest. Although every effort will be made to place students in the Montreal region (unless otherwise requested), students should expect the possibility of being placed in areas outside Montreal region, in the event of shortage of placement offers. 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 and sites' ability to accept a McGill student within a non-McGill RUIS institution.

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

Students who are interested in doing their clinical placement in another province may do so by following the application procedure as announced by the ACCE during the Fall term. This will include a mandatory information meeting with the ACCE. 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 (currently 75\$ (Visa/mastercard accepted) per request, fee subject to change).

#### **Deadlines for Out-of-Province placements in U3**

|  |   |
|--|---|
| Approximate deadline to submit completed request form for a U3 placement in Nov/Dec 2008 | End of April 2008<br>(deadline passed)                |
| Approximate deadline to submit completed request form for a U3 placement in Jan/Feb 2009 | End of September 2008<br>(exact date to be confirmed) |

## **C) 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 (ACCE). 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 have some contacts 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. An announcement will be sent to the class announcing the application deadline.

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, what the student hopes to learn and what the student can contribute to the international agency/institution
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:
  - b) one in the US\* and one overseas; or
  - c) two in the US\*

\*Please note that some restrictions may apply to US placements for 2008-2009. It is the student's responsibility to check with the sponsoring institution as to particular visa requirements.

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 affiliation following U2 in Clinical Affiliation 3 (OCCI 321). 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 based on existing availability.

## **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 annual fee paid by the student to the Student's Society 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 that 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 ACCE 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 occupational therapy association, university or facility to ensure requirements of the facility and McGill University - Occupational Therapy Fieldwork 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.
10. In the event of last minute cancellations, the student must advise the site in writing.

A representative from the fieldwork facility and/or the student will contact the ACCE 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 resume of the supervising therapist(s) if deemed necessary

The above must be forwarded to:

Caroline Storr  
 Academic Coordinator of Clinical Education  
 Occupational Therapy Program  
 School of Physical & Occupational Therapy  
 McGill University  
 3654 Promenade Sir-William-Osler  
 Montreal, Quebec  
 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 the ACCE 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 ACCE.

### **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. Reserve the right to request an abbreviated resume 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) liability certificate from McGill risk management office
  - d) School of Physical & Occupational Therapy Course Guide(s) containing curriculum and/or electronic documentation
  - e) student performance/fieldwork objectives
  - f) policies related to:
    - i. Marking guidelines
    - ii. Student Evaluations
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, fax or email at mid-term 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 during annual acknowledgement period.

### **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 U2

November (U2): deadline for initiating request for an international placement in U3

**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  |

## **II ROLE-EMERGING FIELDWORK PLACEMENTS**

### **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 Occupational Therapy Program at McGill University:**

Throughout the curriculum, a lifespan 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, disability management, medical-legal liability, 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 Quebec:**

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, intellectual impairment, substance abuse, Alzheimer's, etc.) are based in community agencies.

**General Purpose of this Placement:**

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

**Structure and Organization:**

Five (5) or six (6) weeks full-time placement (the second U2 placement, OCC1 321 Clinical Affiliation 3 will consist of six (6) weeks and a U3 placement will consist of five (5) weeks). Each agency/program will receive at least two (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).

It is the students' responsibility to secure an interested facility and an off-site OT supervisor. Students should arrange a meeting with the ACCE for a list of sites and supervisors to assist their search. Students must meet with their site contact person and their off-site OT prior to starting the clinical experience to ensure that the placement objectives are clearly communicated to all parties.

**Student Learning Objectives:**

By the end of the placement, the student will have:

- defined the Occupational Therapy role within the agency/program
- identified the clientele/agency concerns or needs, as they relate to Occupational Therapy
- 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 (1) one-half ( $\frac{1}{2}$ ) 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 offsite 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 daily journal to assist with the reflection process as well 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. The students will be largely responsible for developing the content of their supervisory meetings depending on their own, individual or group learning needs.

**Student Evaluation:**

The same evaluation tool (CBFE) and process will be followed as per traditional placements. 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. The student must also complete the Student Clinical Experience Booklet as for a traditional placement. Students are expected to review and refer to role responsibilities as outlined in the white role-emerging booklet provided free of charge to all students completing a role-emerging placement.

**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 needs (e.g. identifying children with developmental delays)
- analyzing 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 (needs analysis) will describe how the clientele/agency needs will be identified and met. When writing this plan, the student(s) should consider the following criteria:

- well sequenced
- well organized (time frame, resources to be targeted, etc.)
- realistic (in terms of time frame)
- 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 RESPONSIBILITIES IN TRADITIONAL PLACEMENTS**

### **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 ongoing 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. Students are expected to complete and revise their own learning objectives on the evaluation form as the placement progresses.
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.

## **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 email/fax the immediate supervisor's contact information to the administrative coordinator for clinical education ([croce.filteau@mcgill.ca](mailto:croce.filteau@mcgill.ca)) during the first week of placement.
6. To complete facility evaluation forms and provide facilities with feedback on learning experience.(this form is located on-line and referenced in the red clinical manual)

## **C) Academic Coordinator of Clinical Education (ACCE):**

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 and support learning and teaching, 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 ongoing support/training to fieldwork supervisors, both onsite and offsite.

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.

## OCC1 424 SPLINTING AND ORTHOTICS

**Credits:** 2

**Prerequisites:** Working knowledge of musculoskeletal anatomy and review of OT Practice I (OCC1 236)

**Instructors:** Course Coordinator: Nancy Forget, MSc, erg  
 Guest Lecturer: Susanne Mak, MSc, erg  
 Teaching Assistant: Julie Masse, erg

**Access to the Instructor:**

Nancy Forget, Office: Hosmer House Room 303B, Tel: (514) 398-1021

Email: [nancy.forget@mcgill.ca](mailto:nancy.forget@mcgill.ca)

Meeting with instructor by appointment only.

**Course Structure:** This course consists of 17 hours of lecture and 15 hours of laboratory (six sessions, 2 1/2 hours per lab). **Location of lectures McMed 521 (except for Oct. 23 & 30 – McMed 1027).** Laboratory sessions will be in the **Hosmer House basement lab (H16).**

**Student Learning Objectives:**

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

1. demonstrate problem-solving approaches to splinting
2. design, fabricate and modify orthoses to meet clients' needs apply biomechanical principles involved in the fabrication of static and dynamic splints
3. apply biomechanical principles involved in the fabrication of static and dynamic orthoses
4. apply evidence-based practice in the integration of splinting in OT treatment program

**Course Content:**

| Dates and time                                    | Instructor | Lectures                                     | LABS<br>Date and time  |
|---|------------|--|--|
| Sept 11 <sup>th</sup> 2008<br>10:00 – 12:00       | N. Forget  | Introduction<br>General splinting principles |  |
| Sept. 18 <sup>th</sup> 2008<br>10:00 - 12:00      | N. Forget  | Biomechanics                                 |  |
| Sept. 25 <sup>th</sup> ,<br>2008<br>10:00 – 12:00 | N. Forget  | Fractures                                    | <b>Serial casting:</b><br><b>Joint Jack</b><br><b>Group 1:</b> Oct 1 (1 – 3:30)<br><b>Group 2:</b> Oct 1 (3:30 – 6:00) |

|   |           |   |   |
|---|-----------|---|---|
| Oct. 2 <sup>nd</sup> , 2008<br>10:00 – 12:00  | N. Forget | Muscles/Ligaments/Skin  | <b>Statis progressive flexion orthosis</b><br><b>Group 1:</b> Oct 8 (1 – 3:30)<br><b>Group 2:</b> Oct 8 (3:30 – 6:00)                         |
| Oct. 9 <sup>th</sup> , 2008<br>10:00 – 12:00  | N. Forget | Flexor tendon Injury  | <b>Long dynamic flexion orthosis</b><br><b>Group 1:</b> Oct 15 <sup>th</sup> (1 – 3:30)<br><b>Group 2:</b> Oct 15 <sup>th</sup> (3:30 – 6:00) |
| Oct. 16 <sup>th</sup> , 2008<br>10:00 – 12:00 | N. Forget | Extensor tendon injury & complex injuries                                     | <b>Long dynamic extension orthosis</b><br><b>Group 1:</b> Oct 22 (1 – 3:30)<br><b>Group 2:</b> Oct 22 (3:30 – 6:00)                           |
| Oct. 23 <sup>rd</sup> , 2008<br>10:00 – 12:00 | N. Forget | Peripheral nerve injury   | <b>Dynamic radial nerve palsy orthosis</b><br><b>Group 1:</b> Oct 29 (1 – 3:30)<br><b>Group 2:</b> Oct 29 (3:30 – 6:00)                       |
| Oct. 30 <sup>th</sup> , 2008<br>10:00 – 12:00 | S.Mak     | Overview of upper extremity interventions and their effectiveness with stroke | <b>Static progressive dorsiflexion foot orthosis</b><br><b>Group 1:</b> Oct 29 (1 – 3:30)<br><b>Group 2:</b> Oct 29 (3:30-6:00)               |
| Nov. 6 <sup>th</sup> , 2008<br>11:00 – 12:00  | TBA       | Case study optional review session  |   |

### Course Materials:

McKee, P. & Morgan, L. (1998). Orthotics in rehabilitation: Splinting the hand and body. Philadelphia: F.A. Davis Company.

*Rehabilitation of the hand and upper extremity (2002) volumes one and two has been placed on reserve in the Life Sciences Library for all students to consult.*

### Student Assignment and Evaluation:

- **Lab work** **30%**
  - Midterm (15%): Submit either the dynamic nerve palsy orthosis or the static progressive PIP flexion orthosis (**Dates TBA**)
  - Final (15%): Submit either the long dynamic extension orthosis or intra-articular traction orthosis (**Dates TBA**)
- **Case Study Assignment: Written Report** **30%**
- **Final exam** **40%**



**Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals.

This course falls under the regulation concerning theoretical and practical evaluation. Please refer to the section on Marks in the Course Guide on pages 15-16.

**Plagiarism/Academic Integrity:** McGill University values academic integrity. Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the course of the semester. It is each student's responsibility to have appropriate attire during all class assignments and learning activities.

**Attendance:** Students who have missed more than 10% of laboratory or small group sessions, or who miss any required professional workshop or seminar, without prior approval, will receive 0/10 for participation in the course. If a course does not have a participation mark, then the final course mark will be deduced by a 10% mark. This rule applies to labs and to all required workshops, seminars or professional activities. Students should promptly inform the coordinator of any potential schedule conflict and make the necessary arrangements.

**Right to write in (English or in) French:** "Every Student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objectives of the course."

**Consequences of not completing assignments as requested:** Failure to submit assignments or written splint evaluations by the due time and date will be penalized to the equivalence of 1% of the marks allocated for the item per day.

**Disability:** "If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this."

## OCC1 436 OT PRACTICE 5: MEDICAL & SURGICAL CONDITIONS

**Credits:** 3

**Prerequisites:** Successful completion of all U2 courses, including clinical affiliation requirements

**Instructor:** Aliko Thomas, PhD candidate, MEd, BSc (OT), erg.

### **Access to Aliko Thomas:**

- Office: Davis House Room 30
- Tel: (514) 398-4496
- Email: [aliko.thomas@mcgill.ca](mailto:aliko.thomas@mcgill.ca)
- Office hours: by appointment

**Teaching Assistant:** TBA

**\*\*\*\* E-mail and telephone messages are given priority and efforts are made to return student calls promptly**

### **Calendar course description:**

A lecture, practical and case-based course covering medical and surgical conditions across the lifespan. OT theory, principles of treatment and therapeutic use of activities in the OT treatment of these conditions will be discussed.

### **Online Course Evaluations:**

Students are strongly encouraged to complete the online course evaluations at the end of the term. Data obtained from these evaluations are used to provide instructors with feedback as well as for identifying situations where a course or instructor needs assistance. The feedback and suggestions contained in the responses are highly valued and helpful in ensuring that instructors make appropriate changes to courses as needed in order to facilitate student learning

### **Learning outcomes:**

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

1. describe the etiology, pathophysiology and clinical features of medical & surgical conditions seen in rehabilitation.
2. outline the medical and/or the surgical approach to the treatment of these conditions.
3. identify and analyze the functional implications of the deficits related to these conditions.
4. describe the principles of OT assessment and treatment of medical & surgical conditions in paediatric and adult settings.
5. develop a comprehensive treatment plan based on assessment results, treatment goals and theoretical frameworks.

6. link clinical experience with the theoretical and applied knowledge base of medical & surgical conditions

**Course content:**

The objective of this course is to expose students to the etiology, epidemiology, and medical and rehabilitative approaches to assessment and treatment of a number of medical and surgical conditions seen in OT practice. In Section A students will gain knowledge of the evaluation and management of various medical and surgical conditions relevant to Occupational Therapy practice (pulmonary conditions, adult and paediatric cardiac conditions, diabetes, congenital hand deformities, palliative care, cardiovascular conditions and lower extremity amputations, etc.). In Section B students will integrate and apply the knowledge gained in Section A towards the OT assessment and treatment of those conditions:

**SECTION A: (CONDITIONS)** Tuesdays and Thursdays from 3:30 to 5:00 PM or 3:00 to 5:00 pm. Please see detailed schedule below for specific times for each class  
This section comprises total of (10) classes where physicians provide content on different on medical and surgical conditions seen in rehabilitation. Classes for this section begin on Monday September 8th, 2008 and end on Tuesday October 7<sup>th</sup>, 2008

**SECTION B: (APPLIED)** Fridays from 1:00 pm to 4:00 pm.  
This section comprises nine (9) lectures where clinician guest lecturers will present on OT application (evaluation and treatment) of the conditions covered in Section A. Classes for this section begin on Friday September 12th, 2008 and end Friday November 7th, 2008.

**Instructional methods:**

This course will include readings, lectures, clinical cases and vignettes, small group work, WebCT and site visits. Classes in Section A will be mostly lecture format and the classes in Section B will include lecture, small group discussions, case histories and site visits. WebCT will be used as an on-line learning platform. Some course notes and additional recommended readings will be posted on WebCT. It is the responsibility of each student to print the notes and come to class prepared. WebCT will also be used as a communication method between the instructor and the students so that weekly messages and queries can be posted on the bulletin board which the instructor will monitor on a regular basis.

**Course materials:**

All readings and handouts will be available to students at the beginning of the semester (with the condition that the documents have been submitted to the coordinator of the course by the guest lecturers). It is the student's responsibility to attend classes prepared by reading all notes and handouts in advance when they are available. All readings are helpful in completing lectures and understanding subject matter. Recommended readings can supplement your knowledge of the subject.

### **Suggested text**

- Trombly A.C, & Radomski, V.M. (2002). Occupational Therapy for Physical Dysfunction, 5<sup>th</sup> edition, Lippincott, Williams and Wilkins.
- Additional readings may be assigned as necessary

### **Student Assignment and Evaluation:**

The following assignments will be used to evaluate learning. Additional information will be provided during the course of the semester.

- Midterm exam on Tuesday October 14th: 40%
- Final exam during final exam week: 60%
- A Mid-Term exam will be held during regular class time and will include content covered in conditions section. This exam will include multiple-choice questions and will be worth 40% of final grade.
- A Final exam will be held during final exam period and will include subject matter from Section B. This exam will be a mixed format: short answer, vignettes and multiple choice questions. It will be worth 60% of the final grade.

### **Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals.

**Plagiarism/Academic Integrity:** McGill University values academic integrity. Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the course of the semester. The assignments that require a group presentation will be evaluated on presentation and professionalism both with respect to style and dress code. It is each student's responsibility to have appropriate attire during all class assignments and learning activities.

**Attendance:** Attendance to classes is expected. It is the responsibility of each student to attend classes prepared and be actively involved. Although attendance will not be taken, the materials covered in class will be subject to evaluation.

**Right to write in (English or in) French:** "Every Student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objectives of the course."

**Consequences of not completing assignments as requested:** Assignments not completed on time will be penalized accordingly. In the event that an assignment cannot be submitted on its due date, students are encouraged to inform the instructor as soon as possible.

**Disability:** “If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this.”

## OCC1 437 OT AND COMMUNITY MENTAL HEALTH

**Credits:** 3

**Prerequisites:** Successful completion of all U2 courses including clinical affiliation requirements

***PART I - Focus on Occupational Therapy in Community Mental Health***

***PART II - Focus on Occupational Therapy in the International Community***

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### **PART I - Focus on Occupational Therapy in Community Health**

**Instructor:** Suzanne Rouleau, MSc erg. (Coordinator)

**Access to the Instructor:**

**By appointment in Davis House office 34B.**

Email: [suzanne.rouleau@mcgill.ca](mailto:suzanne.rouleau@mcgill.ca)

**Course Objective:** To examine the structure and organization of community mental health services and to identify the roles of occupational therapists in community mental health practice.

**Course Structure:** This course (Part I) consists of four lectures, including class exercises (each 2% of the mark), of three hours per week for 9 weeks in the Fall term. Two of the lectures are replaced by a field trip and group work to visit a community resource or program selected by students. The last three lectures will be oral presentations by students on these various community resources or programs.

#### **Student Learning Objectives:**

By the end of this course, the student will be able to:

1. Define the various roles of Occupational Therapists within community mental health programs or services;
2. Differentiate community treatment services from rehabilitation or case management programs;
3. Reflect on the recovery process and its impact on Occupational Therapy practice;
4. Identify the challenges and some of the special issues associated with community mental health practice;
5. Reflect on possible roles of Occupational Therapists in various community resources.

**Course Content:**

- Community health practice
- Case management services and functions
- Recovery process
- Community mental health services
  - Case management programs
  - Assertive community treatment teams
  - Supports for natural support networks
  - Vocational rehabilitation approaches
  - Residential rehabilitation programs
  - Clubhouses and support groups
- Ethical dilemmas and special issues

**Course Materials:** All the readings (required and suggested) will be included in a course pack. Reference lists for every topic will also be included.

**Student Assignment and Evaluation:**

The final grade will be calculated this way:

|   |     |
|---|-----|
| Participation in different class exercises..... | 10% |
| Individual assignment on case management .....  | 50% |
| Team assignment (teams of 2 to 4):              |     |
| On a community resource/program.....            | 40% |
| (Oral presentation 10%; paper project 30%)      |     |

**Special Requirements for Course Completion and Program Continuation:**

Minimum grade of 60%.

This course falls under the regulation concerning individual and group evaluation. Please refer to the section on Marks in the Course Guide on pages 15-16.

**Plagiarism/Academic Integrity:** McGill University values academic integrity. Therefore, all students must understand the meaning of 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). There will be no tolerance for plagiarism: if evidence is found (for example, two very similar copies), a grade of zero will be attributed.

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the course of the semester. It is each student’s responsibility to have appropriate attire during all class assignments and learning activities.

**Attendance:** Attendance is expected from all students, since students will participate in activities during most classes. Students are strongly encouraged to take their own notes

in lectures to facilitate the understanding of the lecture and avoid misinterpretation. Permission of the instructor is required before any lecture may be taped.

**Right to write in (English or in) French:** Every student has a right to write essays, examinations and theses in English or in French, except in courses where knowledge of a language is one of the objectives of the course.

**Consequences of not completing assignments as requested:** Assignments and exams must be submitted within the set timelines. A penalty of one point will be attributed for each day of delay (up to a maximum of 20%). Exceptional circumstances must be discussed with the course instructor prior to due date or late submission will be penalized.

**Disability:** “If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this.”



## **Part II - OT in the Community-International**

**Instructor:** Laurie Snider, PhD (Coordinator)

**Access to the Instructor:**

Hosmer House Room 305, Tel: (514) 398-5863, Email : [laurie.snider@mcgill.ca](mailto:laurie.snider@mcgill.ca)  
(By appointment, please)

**Course Objective:** To gain understanding of OT community-based practice with a variety of populations, with particular emphasis on OT community-based practice within in developing countries and the Quebec health care system.

**Course Structure:** Part II of this course consists of three (3) hours per week of lectures for seven (7) weeks given in the winter term.

**Student Learning Objectives:**

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

1. Gain factual knowledge regarding developing countries, refugees, immigration and associated terminology.
2. Describe health promotion and disability prevention in the context of community-based rehabilitation frameworks
3. Explain health determinants and the influence of environmental factors on occupational performance and OT community-based practice.
4. Recognize the importance of partnership and sustainability for community-based rehabilitation projects.
5. Compare and contrast OT community-based practice in Canada and in developing countries.
6. Justify the importance of community-based OT services in the context of:
  - a) continuity of health care services in Canada
  - b) developing countries
7. Elaborate a project proposal for a potential OT community-based project in a developing country or in Canada.

**Course Content:**

**TBA** on the first day of class

**Course Materials:**

**Required readings:**

**TBA** on the first day of class

**Suggested readings:**

TBA on the first day of class

**Student Assignment and Evaluation:**

Detailed assignments and evaluation methods will be announced on the first day of class.

1. Final written project: 50%
2. Project proposal (group): 50% (10% letter of intent, 40% oral presentation)

**Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals.

This course falls under the regulation concerning individual and group evaluation. Please refer to the section on Marks in the Course Guide on pages 15-16.

**Plagiarism/Academic Integrity:** 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 <http://www.mcgill.ca/integrity> for more information).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the course of the semester. It is each student's responsibility to have appropriate attire during all class assignments and learning activities.

**Attendance:** Attendance at small group learning sessions is compulsory.

**Right to write in (English or in) French:** Every student has a right to write essays, examinations and theses in English or in French, except in courses where knowledge of a language is one of the objectives of the course.

**Consequences of not completing assignments as requested:** Assignments and exams must be submitted within the set timelines. A penalty of one point will be applied for each day of delay (up to a maximum of 20%).

**Disability:** If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this.

## OCC1 438 PSYCHOSOCIAL THEORIES IN OT

**Credits:** 3

**Prerequisites:** Successful completion of all U2 courses including clinical affiliation requirements

**Instructor:** Beverlea Tallant, PhD, O.T. (C) (Coordinator)

**Access to the Instructor:**

B. Tallant, Hosmer H205, by appointment.

Tel: (514) 398-4522, Email: [Beverlea.tallant@mcgill.ca](mailto:Beverlea.tallant@mcgill.ca)

**Course Objective:** The course is designed to acquaint the student with the current theoretical frames of reference used in Occupational Therapy for clients with psychosocial dysfunction. The implementation of these theories in the practice of Occupational Therapy will be discussed.

**Course Structure:** This course will consist of five (5) hours per week of interactive lectures and/or problem-solving case-based discussions over a nine (9) week period.

**Student Learning Objectives:**

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

1. Define the terminology inherent in each of the theories.
2. Discuss and compare the theories and their relevant merits for specific psychiatric clients and/or group of clients with psychosocial dysfunction.
3. Design treatment programs in Occupational Therapy selecting the appropriate theoretical frame of reference, evaluation procedures, therapeutic activities and relationships for a specific individual and/or group of clients with psychosocial dysfunction.
4. Demonstrate the professional behaviours of autonomy, responsibility to the profession, self-regulation, teamwork, clinical reasoning, and constructive critical analysis.

**Course Content:**

**Theoretical Frames of Reference**

- Object Relations Frame of Reference
- Lifespan Development Frame of Reference
- Behavioural Frame of Reference
- Cognitive - Behavioural Frame of Reference
- Occupational Behaviour Frames of Reference

Detailed information on the course content will be distributed at the beginning of the course.

**Course Materials:** Available at the McGill University Bookstore.

**Required texts:**

Bruce, Mary Ann Giroux & Borg, Barbara (2002) Psychosocial frames of reference: Core for occupation-based practice, 3<sup>rd</sup> edition, Thorofare, NJ: SLACK Incorporated.

**Course pack** - will include the required readings and a list of the recommended readings. The professor may assign additional readings, if highly pertinent, as they become available in the literature while the course is being taught.

**Recommended texts:**

Stein, Franklin & Cutler, Susan K. (1998) Psychosocial occupational therapy: A holistic approach, 2<sup>nd</sup> edition, Albany, NY: Delmar, Thomson Learning Incorporated.

Cole, Marilyn B. (1998) Group dynamics in occupational therapy: The theoretical basis and practice application of group treatment, 2<sup>nd</sup> edition, Thorofare, NJ: SLACK Incorporated.

**Student Assignment and Evaluation:** Detailed information will be distributed during the first week of lectures.

**Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals.

This course falls under the regulations concerning individual and group evaluation. Please refer to the section on Marks in the Course Guide on pages 15-16.

**Plagiarism/Academic Integrity:** McGill University values academic integrity.

Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the course of the semester. It is each student's responsibility to have appropriate attire during all class assignments and learning activities.

**Attendance:** Students are expected to attend all lectures and are required to attend all student presentations.

**Right to write in (English or in) French:** “Every Student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objectives of the course.”

**Consequences of not completing assignments as requested:** Lateness will be penalized.

**Disability:** “If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this.”

## OCC1 440 PREVOCATIONAL AND VOCATIONAL REHABILITATION

**Credits:** 2

**Prerequisites:** Successful completion of all U2 courses including clinical affiliation requirements

**Instructor:** Nancy Forget, MSc., erg.

**Access to the Instructor:**

Nancy Forget, Hosmer House Room 303B, Tel: (514) 398-1021

Email: [nancy.forget@mcgill.ca](mailto:nancy.forget@mcgill.ca)

Meeting with instructor by appointment only

**Course Objective:** To introduce students to work theory and the application to prevocational and vocational assessment and training in rehabilitation. The application of ergonomics to rehabilitation will be discussed in a case-based context.

**Course Structure:** This course presents the main components of vocational rehabilitation (job demands analysis, functional capacity evaluation, and return to work). Vocational rehabilitation issues regarding the psychology of activity participation, cumulative trauma injuries and head traumas are presented. Ergonomic principles are introduced. Practical learning opportunities include a measurement lab, an onsite office ergonomics evaluation and on onsite workplace evaluation.

The course consists of a total of 31 hours of lecture and 1.5 hours of laboratory work for a nine-week semester.

**Student Learning Objectives:**

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

1. Conduct a worksite job tasks analysis and evaluate the strengths and weaknesses of a work environment and the job tasks in a given job
2. Define, discuss and critically evaluate functional capacity evaluation protocols
3. Define and discuss ergonomic principles and their application to rehabilitation
4. Evaluate and elaborate upon intervention strategies to reduce occupational performance barriers limiting clients' ability to return to work
5. Develop safe and effective return to work rehabilitation programs

**Course Content:**

Schedule to be distributed the first day of class

**Content:**

- Introduction to Vocational Rehabilitation
- Jobs Tasks Analysis
- Functional Capacity Evaluation
- Return to Work Interventions and Management
- Office Ergonomics
- Workstation Measurement
- Psychology of Activity Participation
- Prevocational Evaluation
- Ergonomic Principles for Injury Prevention
- Head Injuries
- Cumulative Trauma Disorders

**Course Materials:**

**Required texts:**

Trombly, CA and Radomski MV eds. Occupational Therapy for Physical Dysfunction. Baltimore, Maryland: Williams and Wilkins, 5th ed., 2002.

Course Pack and Course Notes.

**Required readings:**

Readings in course pack

Rice VJ and Luster S. Restoring Competence for the Worker Role. In: Trombly, CA and Radomski MV eds. Occupational Therapy for Physical Dysfunction. Baltimore, Maryland: Williams and Wilkins, 5th ed., 2002 (pages 715-744).

Bear-Lehman, J. Orthopedic conditions – Low Back Pain. In: Trombly, CA and Radomski MV eds. Occupational Therapy for Physical Dysfunction. Baltimore, Maryland: Williams and Wilkins, 5th ed., 2002 (pages 922-924)

**Optional readings:**

Cooper VA, Rigby P, Letts L, Stewart D, Strong S, Law M. Assessing Context: Home, Community, and Workplace Access. In: Trombly, CA and Radomski MV eds. Occupational Therapy for Physical Dysfunction. Baltimore, Maryland: Williams and Wilkins, 5th Ed., 2002 (pages 249-252)

Shamberg S. Optimizing Access to Home, Community, and Work Environments. In: Trombly, CA and Radomski MV eds. Occupational Therapy for Physical Dysfunction. Baltimore, Maryland: Williams and Wilkins, 5th Ed., 2002 (pages 783-795)

**Student Assignment and Evaluation:**

|                                      |     |
|--------------------------------------|-----|
| Practical lab:                       | 5%  |
| Ergonomic Workstation Evaluation:    | 20% |
| Workplace Job Tasks Analysis Report: | 35% |
| Final exam:                          | 40% |

**Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals.

**Plagiarism/Academic Integrity:** McGill University values academic integrity.

Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the course of the semester. It is each student's responsibility to have appropriate attire during all class assignments and learning activities.

**Attendance:** Students are expected to attend all lectures and actively participate in class discussions.

**Right to write in (English or in) French:** "Every Student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objects of the course."

**Consequences of not completing assignments as requested:** Late submission of assignments will be penalized 5% per day.

**Disability:** "If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this."



## OCC1 441 ADVANCED TECHNOLOGY

**Credits:** 2

**Prerequisites:** Successful completion of all U2 courses including clinical affiliation requirements

**Instructor:** Philippe Archambault, PhD, erg (Coordinator)

**Access to the Instructor:**

Davis Room 36, Tel: (514) 398-7323

Email: [philippe.archambault@mcgill.ca](mailto:philippe.archambault@mcgill.ca)

Office hours: TBA. Meeting times and location: TBA.

**Course Objective:**

To examine the current knowledge and evidence about product design, development, accessibility and 'fit' of assistive technology in relation to a client's occupational performance needs and the environmental context.

**Course Description:**

Exploration and application of high and low-technology assistive devices to promote independence, participation, and health leading to fulfilment of occupational performance needs, including self-care aids, alternative computer access, augmentative communication, and environmental controls. Social and professional issues regarding service delivery (with assistive technology) will be discussed as well.

**Learning Outcomes:**

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

1. Recognize the functional uses of current high and low assistive technology devices, including computer access, computer mice, environmental controls, adapted keyboards, switches, and telephones.
2. Explore and appraise the appropriate functional, adaptive, and contraindicated uses of current assistive technologies incorporating prior knowledge of various musculoskeletal, neurological, and/or developmental conditions.
3. Apply this knowledge to determine suitability for clients across the lifespan, meeting occupational performance, accessibility, budgetary, and environmental (physical, social, cultural, technical) needs i.e. best 'fit' between client, environment and assistive technology.
4. Communicate knowledge of current assistive technology with respect to occupational performance needs, environmental and accessibility considerations, and long term planning objectives.

5. Identify the role of professional and commercial resources involved in the prescription and implementation of assistive technology in order to facilitate collaboration and appropriate referrals.
6. Recognize the importance of keeping up to date with the rapidly changing trends in assistive technology.

**Course Content:**

**Topics to be addressed:**

- Augmentative communications
- Computer adaptation
- Environmental or EADL controls
- Specialized wheelchair controls
- Assistive technology in pediatrics, geriatrics and mental health

**Course Structure:**

The course consists of 3 hours per week for 9 weeks, comprising lectures, seminars, and student-directed collaborative activities.

**Lecture / presentation schedule (Winter 2009) in Hosmer 102.**

|   |  |
|---|--|
| Dr. Philippe Archambault                      | <b>An overview of the field of assistive technologies</b>  |
| Ms. Paula Stone                               | <b>Environmental or EADL Controls</b>  |
| Ms. Catherine Dench<br>& Ms. Paula Stone      | <b>Augmentative Communication</b>  |
| Dr. Philippe Archambault<br>& Ms. Paula Stone | <b>Computer Technology</b><br><i>This session will be held in Hosmer 102 and in the computer lab (MacIntyre 409)</i>                             |
| Ms. Resi Contardo                             | <b>Control Interfaces &amp; Assistive technologies in pediatrics</b>   |
| Dr. Philippe Archambault                      | <b>Formative feedback</b> of projects (an opportunity to receive feedback from peers and instructor on your project, prior to your presentation) |
| Ms. Paula Stone                               | <b>Wheelchair/ adapted controls</b>  |

|                          |   |
|--------------------------|---|
| Dr. Philippe Archambault | <b>Technology in Geriatrics and Mental Health</b> |
|--------------------------|---|

**Course Materials:**

**Required readings:**

A course pack including reading materials for each of the lectures will be available for purchase at the McGill bookstore. A copy is also available on reserve at the Library.

Lecture notes and handouts from lecturers will be posted before each class on WebCT.

*All the reading material can be found in the course pack*

**1. An overview of the field of assistive technologies**

Cook AM, Hussey SM. *Assistive technologies: Principles and Practice 2<sup>nd</sup> edition*. Mosby, St-Louis Missouri, 2002; pp. 3-9

Cook AM, Hussey SM. *Assistive technologies: Principles and Practice 2<sup>nd</sup> edition*. Mosby, St-Louis Missouri, 2002; pp. 34-53

**2. Environmental and EADL controls**

Ribgy P, Ryan S, Joos S, Cooper B, Jutai JW, Steggle E. Impact of electronic aids to daily living of persons with cervical spinal cord injuries. *Assistive Technology 17*: 89-97; 2005.

Mann WC, Milton BR. Home automation and smart homes to support independence. In WC Mann (ed) *Smart technology for aging, disability, and independence the state of the science*. Wiley-Interscience, Hoboken, NJ, 2005; pp 33-48.

**3. Computer technology**

Cook AM, Hussey SM. *Assistive technologies: Principles and Practice 2<sup>nd</sup> edition*. Mosby, St-Louis Missouri, 2002; pp. 255-280.

**4. Augmentative communications**

Cook AM, Hussey SM. *Assistive technologies: Principles and Practice 2<sup>nd</sup> edition*. Mosby, St-Louis Missouri, 2002; pp. 283-327

**5. Assistive technologies in pediatrics**

Swinth Y. Assistive Technology: Low technology, computers, electronic aids for daily living and augmentative communication. In J Case-Smith (ed.) *Occupational Therapy for Children, 5<sup>th</sup> edition*. Elsevier-Mosby, St-Louis Missouri, 2005; pp 615-656.

## **6. Wheelchair controls**

Kreutz D, Taylor SJ. Wheelchair mobility. In DA Olson & F DeRuyter (eds) Clinician's guide to assistive technology. Mosby, St-Louis, Missouri , 2002; pp. 311-330.

## **7. Technology in geriatrics and mental health**

Cheek P, Nikpour L, Nowlin HD (2005) Aging well with smart technology. Nurs Adm Q 29:329-338.

Ybarra ML, Eaton WW (2005) Internet-based mental health interventions. Ment Health Serv Res 7:75-87.

### **Additional readings:**

Cook, A.M. & Hussey, S.M. (Eds.) (2002). Assistive technologies: principles and practice. St. Louis, MO: Mosby (copy on reserve at Library).

### **Student Assignment and Evaluation:**

#### **Quizzes on readings: 10%**

Quizzes will consist of a few multiple choice or short answer questions based on the reading material and to be answered before each lecture. These questions are not designed to be tricky or difficult but to assess the comprehension of the texts in order to prepare for the lecture. Quizzes will be made available on WebCT one week prior to the corresponding lecture and will have to be completed one hour before the start of the lecture. There will be no opportunity to make-up for a missed quiz. However, only the best four out of a total of five quizzes will contribute to the final mark. There will be no quiz for the first lecture.

#### **Project: Written presentation 50%**

This self-directed group project enables students to apply, analyze, and synthesize information about assistive technology to a specific case-based context, as they implement an independent research, evaluation, and documentation of devices and their uses. The written project will consist of a case report where students will justify their choice of specific assistive technology in the context of a treatment plan. An oral class presentation will highlight their findings from the written presentation. Specific guidelines will be provided separately from this course outline.

#### **Final exam: 40%**

This summative exam will cover course material from the lectures, the readings in the course pack and the student presentations. The exam will comprise of short answer and short essay questions.

#### **Formative Evaluation:**

There will be an *optional* formative feedback session that will allow each group to receive feedback from both peers and instructor prior to actual presentation and project submission. A feedback evaluation sheet, based on the stated criteria, will be completed by the instructor.

Students can use this information to reflect, review, and revise your projects.

**Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals.

This course falls under the regulations concerning individual and group evaluation. Please refer to the section on Marks in the Course Guide on pages 15-16.

**Plagiarism/Academic Integrity:** McGill University values academic integrity.

Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the course of the semester. It is each student's responsibility to have appropriate attire during all class assignments and learning activities.

**Attendance:** Students are expected to attend all lectures, seminars and student project presentations.

**Right to write in (English or in) French:** "Every Student has a right to write essays, examinations, and theses in English or in French except in courses where knowledge of a language is one of the objectives of the course."

**Consequences of not completing assignments as requested:**

The written project will be graded with respect to specific criteria. All late submissions of the project will result in an immediate deduction of 4 marks, plus 1 mark per day (including weekends). Failure to submit a part of the project will result in '0' for that portion (eg. omission of chart).

**Disability:** "If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this."

## OCC1 442 ENABLING ENVIRONMENTS

|                       |  |
|-----------------------|--|
| <b>Credits:</b>       | 2  |
| <b>Prerequisites:</b> | OCC1-339 Strategies for Independent Living   |
| <b>Instructors:</b>   | Erika Gisel, PhD (Coordinator, OT)<br>Prof. David Covo (Coordinator, Architecture) |

### **Access to the Instructors:**

By appointment

Erika Gisel, Hosmer 204, Tel: (514) 398-4510, Email: [erika.gisel@mcgill.ca](mailto:erika.gisel@mcgill.ca)

David Covo, McDonald-Harrington Bldg, Tel. (514) 398-6713

Email: [david.covo@mcgill.ca](mailto:david.covo@mcgill.ca)

**Course Objective:** To bring together Occupational Therapy and architecture students in order to gain greater depth and breadth in the assessment and development of accessible physical structures.

**Course Structure:** This course will consist of lectures, field trips, and studio work.

### **Student Learning Objectives:**

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

1. Assess an environmental problem taking the unique client needs into account.
2. Develop environmental solutions in collaboration between Occupational Therapy and Architecture students.
3. Present their solution with justifications regarding their objectives, needs and feasibility of a given solution.

**Course Content:** Course content focuses on the specific environmental needs of persons with disabilities. The history and provisions in the law for environmental accessibility will be explored.

### **Course Materials:**

#### **Required texts:**

The workbook (available from E. Gisel) contains pertinent reading selections compiled from the medical as well as the architectural literature. Readings will be chosen to be pertinent with the weekly topics.

**Student Assignment and Evaluation:**

Project: 100%     25% oral presentation  
                               75% written portion

**Carl Charlap Prize:**

Student projects will be evaluated by an independent jury according to the guidelines provided. The prize evaluation is independent of the course mark achieved.

**Carl Charlap Prize Competition****Award: Value \$1 000.00**

To be awarded by jury to the team of students pursuing the course in Enabling Environments (OCC1-442), judged to have presented an outstanding solution to a problem of environmental design for the disabled. The prize is supported by an annual donation from the Carl Charlap Fund at the Jewish Rehabilitation Hospital.

**Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals.

**Plagiarism/Academic Integrity:** McGill University values academic integrity.

Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the course of the semester. It is each student's responsibility to have appropriate attire during all class assignments and learning activities.

**Attendance:** Attendance is expected at all lectures, labs and studio sessions.

**Right to write in (English or in) French:** "Every Student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objectives of the course."

**Consequences of not completing assignments as requested:** An individual who does not complete a required assignment and does not have a university recognized reason for deferral would receive a 0 in that portion of the evaluation.

**Disability:** "If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this."

## POTH 402 ADVANCED RHEUMATOLOGY

**Credits:** 2

**Prerequisites:** Basic knowledge of the rheumatic diseases and clinical experience in the treatment of physical disabilities

**Instructors:** Ada Pagnotta (Co-coordinator)  
Susan Sofer (Co-coordinator)

### **Access to the Instructors:**

Instructors are available by appointment only.

Ada Pagnotta: adapagnotta@hotmail.com; apagnott\_hjr@ssss.gouv.qc.ca

Susan Sofer: susansofer@actdriving.com

**Class Location:** Jewish Rehabilitation Hospital  
3205 place Alton Goldbloom  
Chomedey, Laval  
Report to front entrance for the first class

**Class Schedule:** 9:00 to 12:00, 1 hour lunch, 13:00 to 16:00  
5 consecutive Sundays except for one Sunday during spring break

**Office Hours:** Available by appointment only  
Monday to Friday from 8:30 to 12:00  
Jewish Rehabilitation Hospital  
(450) 688-9550 ext. 221

### **Course Description:**

This course is designed for U3 Occupational Therapy students who are interested in developing professional proficiency in the specialized area of rheumatology practice. The course offers a comprehensive review of disease pathology in several common rheumatic diseases, an orientation to specific O.T. tasks and responsibilities in this area of expertise, and opportunities to develop skills in O.T. evaluation and treatment in rheumatology practice.

### **Student Learning Objectives:**

By the end of the course, students will be able to:

1. identify the common rheumatic conditions from a multi-system focus of **disease process** such as disease etiology, pathophysiology and pathomechanics of deformity
2. identify **O.T. tasks and responsibilities** as a member of an interdisciplinary rheumatology team and as a liaison for patients to arthritis community resources
3. -demonstrate satisfactory skill in administrating O.T. physical **evaluation**



- demonstrate satisfactory skill in interpretation of results from the physical and functional **evaluations**
- demonstrate satisfactory skill in critical thinking and planning a comprehensive client-centred O.T. **treatment**

**Course Content:**

*Content of the course will include coverage of :*

1. Major rheumatic diseases such as:

- ◆ Polyarthritis :  
Rheumatoid Arthritis  
Juvenile Rheumatoid Arthritis  
Ankylosing Spondylitis  
Psoriatic Arthritis  
Reiter's Syndrome
- ◆ Connective Tissue Disorders :  
Systemic Lupus Erythematosus  
Scleroderma  
Polymyositis and Dermatomyositis
- ◆ Degenerative Joint Diseases
- ◆ Other :  
Fibromyalgia

2. Detailed O.T. assessments in the following areas:

- Musculoskeletal
- Self-care
- Instrumental activities of daily living
- Hand
- Foot

3. O.T. treatment interventions in the area of:

- Patient education
- Functional adaptation such as adaptive methods and assistive devices in ADL, IADL, work, and leisure
- Orthotics
- Remedial activities and physical modalities

4. Review of current interdisciplinary practices in rheumatology

**Instructional Method:**

Active thinking and participation of the students is expected in this course.

Conjointly with lecture presentations on the same content and with instructor guidance, the students will engage in small group work for practice in administering evaluations and for practice of critical thinking in case management.

Persons with arthritis will be invited on a regular basis to engage in discussions with the students and assist in demonstrations of evaluation procedures.

Instructors individually teach different portions of the course.

**Course Schedule:**

- Feb.10**                    **a.m.**    Systemic Joint Disease vs. Orthopedic Joint Disorders  
O.T. Approach to all systemic joint diseases  
(Ada Pagnotta)  
**p.m.**    Comprehensive team management of the rheumatic patient  
at different stages of physical and functional involvement  
(Ada Pagnotta)
- Feb.17**                    **a.m.**    Evaluation Methods and O.T. Interventions  
(Ada Pagnotta)  
**p.m.**    Hand Pathology and Evaluation  
(Susan Sofer)
- Feb. 25**                    **Off – Spring Break**
- March 3**                    **a.m.**    Hand Pathology and Evaluation  
(Susan Sofer)  
**p.m.**    Foot Pathology, Evaluation and Treatment  
(Susan Sofer)
- March 10**                    **a.m.**    Patient Education Instruction  
Architectural and Environmental Barriers  
Assistive Devices and Equipment for Functional Difficulties  
(Ada Pagnotta)  
**p.m.**    Spondyloarthropaties, Fibromyalgia  
Juvenile Rheumatoid Arthritis  
(Ada Pagnotta)
- March 17**                    **a.m.**    Connective Tissue Diseases  
Surgical Interventions and Post-op Treatments  
(Susan Sofer)  
**p.m.**    Case Presentation  
Lab preparation  
(Susan Sofer)

**Lab Exam: March 17, 2002**

**Final Exam: March 24,2002**

**Course Materials:**

**Required Manual:** *The Rheumatic Disease Assessment Battery*. Ada Pagnotta and Susan Sofer, Jewish Rehabilitation Hospital Foundation.

**Recommended Text:** *Rheumatic Disease in the Adult and Child: Occupational Therapy and Rehabilitation*. Jeanne Melvin, edition 3, F.A. Davis Company.

**Suggested Readings:** Several journal articles, pamphlets and prepared handouts are provided for additional reading and for deeper comprehension of the material covered in class but for which the student is not responsible for the final exam.

**Student Assignment and Evaluation:**

**Grading breakdown:**

20% assignments

20% mini quizzes

15% lab exam

45% final exam

**=100%**

**Assignments: 15%**

Assignments are group work projects.

1. Exploring resources and options in healthy living for people with arthritis in the community: short report, class presentation, due by session 4
2. Designing a hand or foot home exercise program, due 1 week post the last class

**Mini Quizzes: 20%**

Given at the beginning of each class day with the exception of the last class when it is given at the end of the day. The quizzes cover the previous class material included in the lecture notes and required reading handouts. Short answers questions.

**Lab Exam: 15%**

Technique administration and identification of purpose in 5 pre-selected hand and foot evaluation methods. The lab exam is given on a designated lecture day.

**Final Exam: 50%**

The final exam will be given in a McGill campus location during off-class time 2 weeks prior to official final exam period (TBA).

The final exam is a combination of true and false, best answers, multiple choice, matching and short-answers questions. There will be 1 case presentation provided for long-term, short-term goals and intervention planning.

The student may submit their short answers in French.

**Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals.

This course falls under the regulations concerning theoretical and practical and individual and group evaluations. Please refer to the section on Marks in the Course Guide on pages 15-16.

**Plagiarism/Academic Integrity:** McGill University values academic integrity.

Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the course of the semester. It is each student's responsibility to have appropriate attire during all class assignments and learning activities.

**Attendance:**

Classes in this course are a combination of lecture and hands-on (lab) experience. Therefore, the full course is considered under the lab regulation and students may not miss more than 10% (see rule regarding compulsory lab sessions below). If a student will be absent from a class (excused absence), the instructor giving the class must be notified and the marks of the missed quiz will be redistributed.

Assignments must be handed in for due dates, no late submissions accepted.

A missed final exam will be recoupable by a term paper if the final exam was not written for substantiated and valid reason(s). The instructors require written notice of this circumstance.

Students who have missed more than 10% of laboratory or small group sessions, or who miss any required professional workshop or seminar, without prior approval, will receive 0/10 for participation in the course. If a course does not have a participation

mark, then the final course mark will be deducted by a 10% mark. This rule applies to labs and to all required workshops, seminars or professional activities.

**Right to write in (English or in) French:** “Every Student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objectives of the course.”

**Consequences of not completing assignments as requested:** An individual who does not complete a required assignment and does not have a university recognized reason for deferral would receive a 0 in that portion of the evaluation.

**Disability:** “If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this.”

**POTH 403 ADVANCED PAEDIATRICS**  
**"Clinical Reasoning in OT Interventions with Infants & Children"**

**Credits:** 2

**Prerequisites:** Successful completion of all U2 courses including clinical affiliation requirements

**Instructor:** Laurie Snider, PhD (Coordinator)

**Access to the Instructor:**

Hosmer Room 305, Tel:(514) 398-5863, Email: [laurie.snider@mcgill.ca](mailto:laurie.snider@mcgill.ca)  
(By appointment, please)

**Course Objective:** To examine specialized interventions of the Occupational Therapist in developmental paediatrics.

**Course Structure:** A lecture seminar course (10 sessions at three and a half (3.5) hours)

**Student Learning Objectives:** On completion of this course, the student will be able to:

1. Identify key steps in the clinical reasoning process and apply them to OT interventions, which are specific to infants and children in developmental paediatrics.
2. Relate the fundamental processes of the International Classification of Function (WHO-ICF) to the occupational performance of infants and children.
3. Explain how the motor sensory and cognitive systems influence movement and learning in infancy and childhood.
4. Identify key studies in the literature that address the quality of the evidence for motor and sensory system influence on functional outcomes.
5. In different professional contexts, be able to apply the process of clinical reasoning.

**Course Content**

- **A description of the topics to be addressed in the course:**  
*To be handed out on the first day of class.*

## Course Materials:

**Required texts:** (available on reserve at the Health Sciences Library)

Case-Smith, J. (2005). Occupational Therapy for Children (5nd Ed.) St Louis: Elsevier Mosby,

Missiuna, C. (2001). Children with developmental coordination disorder: Strategies for success. New York: Haworth Press.

Dunn, W. (2000). Best practice occupational therapy in community services with children and families. Thorofare: Slack (Chapters 3 &4)

## Student Assignment and Evaluation:

### Evaluation:

|  |     |
|--|-----|
| Class/Seminar Participation                | 15% |
| Clinical Intervention Project Presentation | 40% |
| Clinical Intervention Project Report       | 45% |

### Special Requirements for Course Completion and Program Continuation:

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals.

### Plagiarism/Academic Integrity:

 McGill University values academic integrity.

Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the course of the semester. It is each student's responsibility to wear appropriate attire during all class assignments and learning activities.

**Attendance:** Attendance at all classes is expected. Absences for reasons of sickness or family tragedy must be documented.

**Right to write in (English or in) French:** "Every student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objectives of the course."

**Consequences of not completing assignments as requested:**

Students are expected to complete all assignments and learning activities as outlined in the Evaluation section.

**Disability:** If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you would contact the Office for Students with Disabilities at 398-6009 and the Director of the Occupational Therapy Program before you do this.



## POTH 410 CHILD AND ADOLESCENT PSYCHIATRY

**Credits:** 2

**Prerequisites:** Successful completion of all U2 courses including clinical affiliation requirements.

**Instructor :** Sylvie Laplante, BSc (Coordinator)

**Access to the Instructor:**

Telephone: (514) 761-6131 #2028, email: [sylvie.laplante@douglas.mcgill.ca](mailto:sylvie.laplante@douglas.mcgill.ca)

**Course Objective:**

Present the principles of basic psychosocial and developmental assessments and treatment approaches regarding the most common child and adolescent psychiatric conditions.

**Course Structure:** This course consists of three (3) hours of lectures, observation and problem solving case-based analysis and discussions done in small groups or individually, once a week over a full semester.

**Student Learning Objectives:**

Upon completion of this course, the student will:

1. Identify the characteristics (signs and symptoms) of the most commonly encountered psychiatric conditions in early childhood, pre-adolescence and adolescence seen in Occupational Therapy;
2. Identify the functional consequences related to these conditions;
3. Discriminate and apply the most commonly used theoretical frames of references used in youth mental health;
4. Select appropriate assessment and treatment methods using evidence based knowledge;
5. Produce intervention plans that are appropriate with the evaluations outcome and consistent with a client-centered practice;
6. Discuss the significance of practical aspects of Occupational Therapy practice in youth psychiatry i.e.: considering the family, ensuring security, using specialized equipments, issues of confidentiality in children, use of play as therapy...
7. Become familiar with and able to apply the following therapeutic interventions: Basics of sensory integration therapy, Cognitive-behavioural techniques, basic behavioural methods: modeling, relaxation techniques, chaining for teaching skills; Psycho-educational methods, Group dynamics, and Play therapy.

8. Each student will be assigned a real case of a child or adolescent during the semester and elaborate an appropriate intervention plan using their researched knowledge.

**Course Content:**

1. Introduction to Occupational Therapy in Child Psychiatry  
basic theories, general clinical information, and introduction to Psychiatric issues in Early Childhood: Conditions and OT intervention.
2. Mental Retardation and Developmental Disorders: Conditions and OT interventions.
3. Pre-adolescent Issues: Conditions and OT intervention.
4. Adolescence and its challenges: Conditions and Occupational Therapy assessments and intervention particularities.
5. Visit of a Child and Adolescent Psychiatric Facility, participation to intakes, assessments and/or intervention, groups, class observation, therapeutic equipment trial...
6. Sexual Abuse Intervention as a Specialty.
7. Individual and group psychotherapy.
8. Play Therapy

**Course Materials:****Required texts:**

1. Kaplan, H.I. & Sadock, B.J. (1998). Synopsis of Psychiatry – Behavioral Sciences/ Clinical Psychiatry. Eighth edition. ( a reference book)
2. Course pack (Available at McGill Book Store)
3. Additional handouts will be provided in class.

**Student Assignment and Evaluation:**

- |                                      |       |
|--------------------------------------|-------|
| 1. Class assignments                 | % TBA |
| 2. Quiz to review reading materials  | % TBA |
| 3. Case study and Class presentation | % TBA |
| 4. Final exam (essay type)           | % TBA |

**Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals.

**Plagiarism/Academic Integrity:** McGill University values academic integrity. Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the course of the semester. It is each student's responsibility to have appropriate attire during all class assignments and learning activities.

**Attendance:** Attendance at all classes is expected. Absences for reasons of sickness or family tragedy must be documented.

**Right to write in (English or in) French:** "Every Student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objectives of the course."

**Consequences of not completing assignments as requested:** All assignments must be completed in order to pass this course.

**Disability:** "If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this."

## POTH 441 RESEARCH ELECTIVE

**Credits:** 3

**Prerequisites:** POTH 401 Research Methods or equivalent

**Instructor:** Nicol Korner-Bitensky, PhD (Coordinator)

**Access to the Instructor:**

Office: Hosmer Room 201, Tel: (514) 398-5457

Email: [nicol.korner-bitensky@mcgill.ca](mailto:nicol.korner-bitensky@mcgill.ca)

**Course Objective:** The purpose of the Research Elective is twofold: to gain graduate level knowledge of research methods and to create and conduct a research study that yields information related to rehabilitation and is “presentable” or “publishable”.

**Course Structure:**

Weekly three (3) hour sessions in class and, at times, on-site at clinics, hospitals, schools according to the project requirements. Students will decide together on a group project they wish to undertake.

**Student Learning Objectives:**

Upon completion of this course the student will have completed each step in the conduct of an actual research project and should be able to:

1. formulate a clear research question that can be successfully translated into a research project
2. analyze the quality of the literature related to a specific topic and identify gaps in knowledge and opportunities for further research
3. define clear study objectives, including operational definitions
4. create a study protocol that includes a description of the rationale, subjects, methods, analysis
5. critically appraise existing consent forms and create a consent form that respects the guidelines for informed consent of subjects
6. conduct a research study, being cognizant of each of the steps needed to develop and conduct the research, including collection of the data and preparation of the data for analysis using a computerized database
7. analyze the results using appropriate basic descriptive statistics and inferential statistics
8. interpret the results based on the research findings and past work in the area

9. prepare the results for presentation or publication in written format and disseminate the results in the appropriate manner (e.g publication, presentation, poster).

Examples of reasonable projects:

1. Plan and conduct a small survey of students, patients, informal caregivers, health professionals or others related to rehabilitation.
2. Design and conduct a feasibility or pilot study.
3. Answer a research question by analyzing the data from an existing clinical database and prepare the results for presentation.
4. In collaboration with a clinical department, plan an evaluation of a specific program.

**Course Materials:** No one text is required. Specific readings (articles, texts, websites) will be assigned as appropriate depending on the project.

**Student Assignment and Evaluation:**

Project completion and dissemination: 100 marks

**Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. A supplemental exam is permitted in this course. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals. The student's mark will be affected by late submission of the seminar paper.

**Plagiarism/Academic Integrity:** McGill University values academic integrity.

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**Dress Code:** Professionalism with respect to dressing is encouraged throughout the course of the semester. It is each student's responsibility to have appropriate attire during all class assignments and learning activities.

**Attendance:** Attendance at all classes is expected.

**Right to write in (English or in) French:** "Every Student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objectives of the course."

**Consequences of not completing assignments as requested:** An individual who does not complete their portion of a required assignment and does not have a university recognized reason for deferral would receive a 0 in that portion of the evaluation.

**Disability:** “If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this.”

## POTH 446 CURRENT TOPICS IN REHABILITATION- GERIATRIC

**Credits:** 2

**Prerequisites :** Successful completion of all U2 courses including clinical affiliation requirements

**Instructor:** Aiki Thomas, MEd (Co-coordinator)  
Isabelle Gélinas, PhD (Co-coordinator)

**Access to the Instructors:**

A. Thomas: Davis D30, Tel: (514) 398-4496, email: [aliki.thomas@mcgill.ca](mailto:aliki.thomas@mcgill.ca)

I. Gélinas: Davis House D37, Tel: (514) 398-4514, email: [isabelle.gelinas@mcgill.ca](mailto:isabelle.gelinas@mcgill.ca)  
By appointment only.

**Access to instructors:** By appointment

\*\*\*\*Email and telephone messages are given priority and efforts are made to return students' calls promptly.

**Course Objective:** This is a professional elective course for third-year Occupational Therapy students. It is designed to address the complexity of the Occupational Therapy interventions with the geriatric client, examine the various causes of Occupational Performance dysfunction, examine the structure and organization of geriatric health care delivery and the unique role of Occupational Therapists in this context. Students in this course will utilize a client-centered approach to the evaluation and treatment of the older adult in different clinical scenarios. The course will be in a lecture/seminar form where students will be expected to attend classes prepared, actively engage in group discussions and critically evaluate topics discussed and literature reviewed. The instructors will use lectures, readings, discussions, presentations, critiques, fieldtrips.

**Course Structure:** Three and one half hours per week. The format will include lecture/seminar/class participation. WebCT will be used as a learning platform where assignments will be posted. All course notes that are available before each class will be posted by class week in the course content section of WebCT.

**Student Learning Objectives:**

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

1. Identify the changes that accompany the normal aging process and describe the environmental factors that interact with the elderly person's occupational performance

2. Explain the major agents of geriatric health care delivery and the associated referral process to the multidisciplinary team.
3. Explain the unique role of O.T. within the various areas of geriatric practice
4. Analyze the various risk factors that act upon an older adult's occupational performance and the causes and consequences of the resulting dysfunction.
5. Identify and explain the existing and developing methods of evaluation and treatment approaches used with a geriatric clientele in keeping with evidence-based practice
6. Apply a client-centered approach in the evaluation and treatment of a geriatric clientele within different clinical scenarios
7. Analyze ethical considerations in the intervention approach to the geriatric client

### **Course Materials:**

Course pack for POTH 446-02 Available at the bookstore.

All readings included in this course syllabus are mandatory unless otherwise indicated and it is the student's responsibility to ensure that he/she has read all the materials prior to class.

Additional readings may be assigned as necessary

Recommended textbook: Functional performance in older adults. Bette R. Bonder & Marilyn B. Wagner. Publishers: F.A. Davis, 2001.

### **Student Assignment and Evaluation**

The following assignments will be used to evaluate learning. A detailed description of these will be provided on WebCT and further explained in class.

- In class participation 5%
- Reading Guides 10%
- Site visit 20%
- Quiz 10%
- Project 55% (5% for outline, 50% for paper)

Participation will be evaluated by the instructor and involves active participation and quality contribution to the class and to the development of the course. Remember that participation is not based on quantity but rather on quality of contribution.

All group work will be monitored carefully and any evidence of inequitable contribution of team members to the assignments will be evaluated accordingly. All assignments must be produced with word processor, follow APA guidelines and not surpass the length determined by the instructors.

**\*\*\* Passing the course is contingent upon submission of all assignments.**



**Special Requirements for Course Completion and Program Continuation:**

In order to pass the course, a grade of at least C+ (60%) must be obtained as a total course mark. Please refer to Section 8.4, Student Evaluation and Promotion, pages 132 to 136 of the 2008/2009 McGill University Health Sciences Calendar for information on University regulations regarding final examinations and supplementals.

This course falls under the regulations concerning individual and group evaluation. Please refer to the section on Marks in the Course Guide on pages 15-16.

**Plagiarism/Academic Integrity:** McGill University values academic integrity. Therefore, all students must understand the meaning of 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).

**Dress Code:** Professionalism with respect to dressing is encouraged throughout the course of the semester. The assignments that require a group presentation or lab work will be evaluated on presentation and professionalism both with respect to style and dress code. It is each student's responsibility to have appropriate attire during all class assignments and learning activities.

**Attendance:** Attendance at classes is expected. It is the responsibility of each student to attend classes prepared and be actively involved. Although attendance will not be taken, the materials covered in class will be subject to evaluation.

**Right to write in (English or in) French:** "Every Student has a right to write essays, examinations and theses in English or in French except in courses where knowledge of a language is one of the objectives of the course."

**Consequences of not completing assignments as requested:** Assignments not completed on time will be penalized accordingly. In the event that an assignment cannot be submitted on its due date, students are encouraged to inform the instructor as soon as possible.

**Disability:** "If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this."