



CURRICULUM DESIGN and LEVEL II FIELDWORK EDUCATION for the Doctor of Occupational Therapy (OTD) Program

Curriculum Outcome:

Leaders in Practice, Management, Advocacy, Science, and Education

Curriculum Design:

The design for the OTD curriculum is based on the interaction of concepts from the International Classification of Functioning, Disability and Health (ICF) (World Health Organization (WHO), 2001), and the three primary professional roles expected of entry-level occupational therapists – practitioner, manager, and contributor. The concepts of the ICF and the three primary roles serve as our curriculum threads and form a matrix for the relationship between the courses in the curriculum and the content within courses, thus providing the basis for program planning, implementation and evaluation.

World Health Organization. (2001). *International classification of functioning, disability and health*. Geneva: Author.

ICF concepts:

The vertical axis of our curriculum matrix is formed by the following ICF concepts (WHO, 2001, pp. 8, 10):

- Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives.
- Participation is involvement in a life situation.
- Participation restrictions are problems an individual may experience in involvement in life situations.
- Activity is the execution of a task or action by an individual.
- Activity limitations are difficulties an individual may have in executing activities.
- Body functions are the physiological functions of body systems (including psychological functions).
- Body structures are anatomical parts of the body such as organs, limbs and their components.
- Impairments are problems in body function or structure such as significant deviation or loss.
- Functioning indicates non-problematic aspects of health and health-related states.
- Disability indicates impairment, activity limitations or participation restrictions.

The horizontal axis of our curriculum matrix is formed by the three primary professional roles expected of an entry-level occupational therapist.

Role of Practitioner:

The occupational therapy practitioner, based on outcomes that are meaningful to clients, uses evaluation data to formulate and implement interventions to establish, restore, maintain, or enhance functional and structural integrity, activity, and participation in lifestyles that are optimally independent, productive, and satisfying to clients. Graduates will demonstrate the ability to:

- Establish therapeutic relationships with clients and care partners, and professional relationships with colleagues consistent with the AOTA Occupational Therapy Code of Ethics;
- Screen and evaluate client's participation and participation restrictions, activity and activity limitations, functional and structural integrity and impairments, psychosocial factors, and occupational environment; document the findings and accurately interpret the results;
- Formulate, implement, and document occupation-based intervention, using current best evidence, to enhance functioning and reduce or prevent disability; and,
- Develop and implement a transition plan in collaboration with clients in preparation for the discontinuation of occupational therapy services when appropriate.

Role of Manager:

The occupational therapy manager plans, organizes, implements, staffs, directs, and evaluates occupational therapy services; coordinates these functions with other health, education, and work-related services; and promotes understanding of occupational therapy services. Graduates will demonstrate the ability to:

- Use data when making resource and program management decisions and apply management principles and strategies to direct occupational therapy services; and,

- Relate the roles and functions of occupational therapy to other health care services and describe the influence of external factors, such as demographic trends, public laws, health care policies, and reimbursement policies on health care services, and implement methods to effect change.

Role of Contributor:

The occupational therapy contributor has a professional responsibility to recognize and influence health care within the context of world, national, state, community, and work environments. Contributors participate in the development and application of a scholarly body of knowledge within occupational therapy practice. Graduates will demonstrate the ability to:

- Recognize, integrate, and discuss issues pertaining to public health and occupational therapy practices, and articulate and implement methods to effect change;
- Find, analyze, and integrate scholarly works from both occupational therapy and other appropriate sources; and,
- Design, implement, and disseminate beginning level research/program development projects as well as articulate the basics of programmatic grant writing.

Curriculum Matrix: ICF x Primary Roles. The following table demonstrates how the roles of practitioner, manager, and contributor interact with the ICF concepts to create the framework used by the University of Pittsburgh Occupational Therapy Program to plan, implement, and evaluate the program.

	Practitioner	Manager	Contributor
Environmental Factors	Analyzes the influence of the environment on impairments, activities and participation and adapts environment and/or recommends changes.	Plans, establishes, and manages organizational, educational and community environments.	Uses research evidence to identify & influence health within multiple environments. Advocates for the needs of consumers served by OT.
Participation / Participation Restriction	Evaluates and intervenes for factors that enable or restrict full participation of consumers of OT services.	Considers social, economic, political, legislative and policy issues to plan, establish and manage service delivery systems that promote participation of OT consumers and populations with disabilities.	Uses & designs research to examine factors that enable full participation of individuals and populations and disseminates findings to consumer, professional, regulatory and health policy groups.
Activities / Activity Limitations	Analyzes everyday activities and occupations. Evaluates and intervenes for factors that enable, or limit expected, required, or desired activities/ occupations of consumers of OT services.	Plans, establishes, and manages resources and service delivery systems that reduce activity limitations & promote activities for OT consumers and populations with disabilities.	Uses and designs research to examine factors that enable activities and occupations of individuals and populations, and disseminates findings to consumer, professional, regulatory and health policy groups.
Body Functions & Structure / Impairment	Evaluates and intervenes for factors that influence optimum health as well as deviations and loss of functions/structures.	Plans, establishes, and manages resources and service delivery systems that reduce impairments and promote healthy function of body functions/ structures for OT consumers and populations with disabilities.	Uses and designs research to examine factors that prevent deviations & loss of functions/structures to promote health of individuals and populations, and disseminates findings to consumer, professional, regulatory and health policy groups.

Level II Fieldwork Education:

Fieldwork education is an essential part of the student's professional preparation. The purpose of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork is integral to the curriculum design and integrated into the program as specific courses.

Level II Fieldwork Course Description:

There are two courses for Level II fieldwork: OT 2228 – Fieldwork Education D and OT 2229 – Fieldwork Education E. These courses provide an in-depth learning experience in delivering occupational therapy services. The learning experiences occur at approved clinical education sites that offer the opportunity to develop competence in the professional responsibilities of an entry-level occupational therapist.

Relationship of Level II Fieldwork Courses to the Curriculum Design:

These courses integrate and apply all previous didactic coursework and are an essential step in the preparation of the occupational therapy student for entry-level practice. The learning experiences will prepare the student to assume the roles of practitioner, manager, and contributor upon graduation from the academic program. The learning experiences in these courses will also allow the student to apply the International Classification of Functioning, Disability and Health (ICF) levels of body structure, body functions, activity, participation, psychosocial factors, and environmental factors to clients whom they encounter during the fieldwork experience.

Students are assigned to fieldwork education sites that are consistent with the curriculum design of the academic program, provide exposure to a diversity of clients, facilitate application of knowledge and skills, promote clinical reasoning and reflective practice, support client-centered evidence-based occupation-based services, and are appropriate to the learning needs of the student. Students are assigned to traditional clinical and/or emerging practice settings. The practice setting a student is assigned to for each course (OT 2228 – Fieldwork Education D and OT 2229 – Fieldwork Education E) reflect a different practice area of occupational therapy and include varied client populations.

Course Outcome:

The goal of Level II fieldwork is to prepare students for entry-level competence as a competent, generalist occupational therapist.

Specific Course Objectives:

Upon successful completion of this course the student will be able to assume the roles of an entry-level practitioner, manager, and contributor.

Role of Practitioner:

The occupational therapy practitioner, based on outcomes that are meaningful to clients, uses evaluation data to formulate and implement interventions to establish, restore, maintain, or enhance functional and structural integrity, activity, and participation in lifestyles that are optimally independent, productive, and satisfying to clients. Students will demonstrate the ability to:

- Establish therapeutic relationships with clients and caregivers, and professional relationships with colleagues consistent with the Core Values and Attitudes of Occupational Therapy Practice and the principles of the AOTA Code of Ethics;
- Screen and evaluate client's participation and participation restrictions, activity and activity limitations, functional and structural integrity and impairments, psychosocial factors, and occupational environment; document the findings and accurately interpret the results;
- Formulate, implement, and document occupation-based intervention, using current best evidence, to enhance functioning and reduce or prevent disability; and,
- Develop and implement a transition plan in collaboration with clients in preparation for the discontinuation of occupational therapy services when appropriate.

Role of Manager:

The occupational therapy manager plans, organizes, implements, staffs, directs, and evaluates occupational therapy services; coordinates these functions with other health, education, and work-related services; and promotes understanding of occupational therapy services. Students will demonstrate the ability to:

- Use data when making resource and program management decisions and apply management principles and strategies to direct occupational therapy services; and,
- Relate the roles and functions of occupational therapy to other health care services and describe the influence of external factors, such as demographic trends, public laws, health care policies, and reimbursement policies on health care services, and implement methods to effect change.

Role of Contributor:

The occupational therapy contributor has a professional responsibility to recognize and influence health care within the context of world, national, state, community, and work environments. Contributors participate in the development and application of a scholarly body of knowledge within occupational therapy practice. Students will demonstrate the ability to:

- Recognize, integrate, and discuss issues pertaining to public health and occupational therapy practices, and articulate and implement methods to effect change;
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Table 2. **Suggested Fieldwork Level II assignments/activities and responsibilities** that would complement the University of Pittsburgh curriculum design and curriculum content.

		ROLES		
		Practitioner	Manager	Contributor
ICF	<p>Environmental factors (e.g. physical, social support, attitudes, technology, assistive devices, services & legal policies)</p>	<ul style="list-style-type: none"> • Identifies assistive devices appropriate for a client • Constructs an orthosis for a client • Constructs equipment or devices for a client • Trains client to use equipment, assistive device or orthosis • Conducts an ergonomic assessment on a client • Conducts a safety assessment in the home environment • Other: Specify: _____ 	<ul style="list-style-type: none"> • Conducts inventory of department’s assistive devices • Assists in ordering assistive devices for the department • Identifies support groups/community resources to facilitate clients' participation and re-entry into community • Audits consistency between referrals and environment outcomes • Other: Specify: _____ 	<ul style="list-style-type: none"> • Completes an evidence-based literature review on assistive devices • Collects information about the facility, surrounding community, services provided and cultural backgrounds of clients commonly treated at facility • Documents current legal policies affecting OT services • Presents staff development session on evidence-based interventions for the environment relevant to client population treated at facility • Other: Specify: _____

		ROLES		
		Practitioner	Manager	Contributor
ICF	Participation/ Participation Restriction (e.g. worker, student, civic, social, & family roles)	<ul style="list-style-type: none"> • Performs client interview to obtain information regarding relevant/meaningful roles (e.g. worker, homemaker, parent) that client must fulfill • Performs a work-site assessment on a client • Develops an intervention plan that promotes participation in meaningful roles • Plans and carries out a community outing with client • Other: Specify: _____ 	<ul style="list-style-type: none"> • Attends discharge planning meetings to ensure clients' successful participation and re-entry into community • Audits consistency between referrals and participation outcomes • Other: Specify: _____ 	<ul style="list-style-type: none"> • Compiles a notebook of community resources to share with other professionals • Presents a staff development session on evidence-based role performance relevant to client populations treated at facility • Presents a staff development session on evidence-based interventions for participation relevant to client population treated at facility • Participates in writing a program development grant for a specific activity • Other: Specify: _____
ICF	Activities/ Activity Limitations (e.g. self care, household, mobility, communication, & writing tasks)	<ul style="list-style-type: none"> • Assesses client's ADLs and IADLs • Develops intervention plan selecting activities that are meaningful to a client or client group • Educates family and others to assist client's ability to perform meaningful activities • Other: Specify: _____ 	<ul style="list-style-type: none"> • Compiles an evidenced-based treatment notebook for meaningful client activities • Assists in supervising an OTA in carrying out an intervention plan that includes activities meaningful to client • Audits consistency between referrals and activity outcomes • Other: Specify: _____ 	<ul style="list-style-type: none"> • Completes evidence-based literature review that examines meaningful client activities • Presents staff development session on evidence-based interventions for activities relevant to client population treated at facility • Other: Specify: _____
ICF	Body Functions/Structures Impairment (e.g. strength, range of motion, endurance, sensory, vision, hearing, & perception)	<ul style="list-style-type: none"> • Assesses client's muscle strength, functional range of motion, mental status, and perception (e.g. visual, auditory, tactile) • Monitors vital signs (i.e. blood pressure, heart rate) • Develops intervention plan to restore functions/structures that support activities and participation • Other: Specify: _____ 	<ul style="list-style-type: none"> • Demonstrates equipment competency to obtain accurate client data (i.e. dynamometer, goniometer) • Audits consistency between referrals and body function outcomes • Other: Specify: _____ 	<ul style="list-style-type: none"> • Presents a staff development session on evidence-based interventions for impairments relevant to client population treated at facility • Other: Specify: _____