A Curricular Renaissance: Graduate Education Centered on Occupation

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A 3-year project of curricular renaissance undertaken by the faculty of an entry-level master's degree program is described. This project culminated in a thoroughly redesigned program of study centered around the construct of occupation and built on a foundation of knowledge in occupational science. Described herein are three developmental and highly iterative domains of activity that were crucial to the project's success: (a) environmental scanning and analysis, (b) creation of a compelling future vision of occupational therapy, and (c) curriculum planning. Also detailed are especially salient assumptions and beliefs about graduate education as well as seven themes that encompass the program's academic content and illustrate its defining emphases. These themes are (a) occupation, (b) the human as an occupational being, (c) occupation as a medium of change, (d) clinical reasoning, (e) ethical reasoning, (f) investigative reasoning, and (g) occupational therapists as scholars and change agents in systems. The article concludes with reflections on innovation in graduate education in occupational therapy today.


It is axiomatic that business as usual does not currently exist in occupational therapy. To be sure, a preponderance of occupational therapists in the United States and other countries around the world appear to embrace clinical practices that are occupation centered and delivered, as much as possible, within persons' lived environments (Bontje, 1998). Likewise, the international community of all health professionals concerned with disability, including occupational therapists, now endorse, as best practice, interventions that most efficaciously support persons' meaningful and satisfactory participation in their real-life activities (Law & Baum, 1998; World Health Organization [WHO], 1997). Yet consistencies in these trends notwithstanding, occupational therapists in the United States have not easily implemented optimally occupation-centered and evidence-based practices nor have they developed services for underserved populations in the community on a large scale (Baum & Law, 1998b; Hasselkus, 1998). Moreover, relatively recent changes in the economics of the U.S. health care system have made it far more difficult to deliver robust programs of occupational therapy in traditional medical settings while, paradoxically, also acting as powerful catalysts for the profession's evolution. Practitioners in the United States are thus challenged today, unlike ever before, to think and act “outside of the box” in order to
fully meet the occupational wants and needs of persons receiving services. Practitioners must also think and act in accord with newly emerging standards of evidence-based practice and in financially viable ways that often require diversification of traditional sources of reimbursement.

Due in large part to the changes now affecting practice, a fundamental rethinking of professional education in occupational therapy is also under way. Thus did Yerxa (1998b) recently urge educators to engage in a curricular renaissance of great magnitude. In Yerxa’s view, this renaissance ought to center professional education around the construct of occupation, drawing on the perspectives of multiple disciplines in so doing. Should such a renaissance occur, Yerxa predicted that occupational therapy students would graduate with the skills needed to meet the unknown opportunities and needs of the 21st century, while occupational therapy itself would become clearly differentiated from other fields. Matching the seriousness of Yerxa’s call to action, the American Occupational Therapy Association (AOTA) recently mandated postbaccalaureate entry level for the profession. Thus, whereas all occupational therapy educators in the United States are being called on to reconstruct their curricula in fundamental ways, those educators in baccalaureate programs must also soon meet the higher standards of academic rigor inherent in graduate education.

The purpose of this article is to detail an experience of curricular renaissance directed toward the existing entry-level master’s degree program in occupational therapy at the University of North Carolina at Chapel Hill (UNCCH). Beginning in 1995, we, the core faculty members of this program, embarked on a formal process of thoroughly redesigning our curriculum. That process attended to diverse issues affecting practice and education, culminating in a newly conceptualized and tightly integrated program of study centered around the construct of occupation and built on a foundation of knowledge in occupational science. Now in its third year of implementation, the new curriculum is admittedly audacious in vision, having been designed to graduate students who are simultaneously scholars and change agents and who are educationally prepared to lead occupational therapy into a new era of human service. In this spirit of optimism, we present our process of curricular renaissance, guiding assumptions and beliefs about graduate education, and academic content. We also offer our reflections on academic innovation in occupational therapy today. In meeting these objectives, our hope is to contribute substantively to the evolution of occupational therapy practice and education now evident around the world.

Developmental Process of Curricular Renaissance

Since 1978, when our master’s degree program in occupational therapy first admitted students, curricular evaluation and revision had been undertaken annually and formally. Yet despite those efforts to build ever-stronger curricula, and despite those curricula having always met the standards of the Accreditation Council for Occupational Therapy Education (ACOTE) and its graduates having typically exceeded national averages on certification examinations, the faculty members concluded in 1995 that more extensive measures were in order. That is, every aspect of the program was believed to merit meticulous and thorough reevaluation. In this reevaluation, moreover, the faculty allowed for the possibilities of rejecting any one aspect of the curriculum, no matter how much of a historic “sacred cow,” and of reinventing the curriculum in its entirety. Put on the table as well were issues of faculty “ownership” of courses, including the conflict that can exist between academic freedom on the one hand and provision of a well-integrated and internally coherent program of study on the other.

A curricular project of this magnitude was made possible by the faculty’s adherence to a systematic process of development that encompassed three domains of activity that we have defined as environmental scanning and analysis, creating a vision, and curriculum planning. Because scanning and analysis of environmental trends had been continuously undertaken by the faculty to facilitate annual curricular revisions, this domain was not unique to the project initiated in 1995. Importantly though, activities in this domain catalyzed the project’s initiation. In contrast, activities in the domains of creating a vision and curriculum planning were unique to the project, spanning the period from the fall of 1995 when the project formally began until the fall of 1998 when the new curriculum was instituted. Activities in these two domains were accomplished through a rigorous schedule of weekly to biweekly 3-hour blocks of time devoted to meeting as a full faculty, or to working on our own, with respect to specific curricular assignments. Also across these years, one faculty member acted as a process manager, tracking progress, adjusting priorities, and providing summaries of accomplishments periodically. Finally, it is important to stress that although these domains of activity followed a roughly linear sequence, in actuality our process across them was highly iterative and flexible.

Environmental Scanning and Analysis

It is clear from today’s vantage point that ongoing activities of environmental scanning and analysis had culminated by 1995 in a sense of urgency among our faculty members about the state of the profession in general and about implications of that state for education in particular. We had also by then interpreted problems within occupational therapy in light of internal and external critiques of the field, emerging research, considerations of health care policy and financing, and promising accomplishments by occupational therapists around the world.

Analyses of student fieldwork experiences had revealed,
for instance, that clinicians commonly devoted the bulk of their treatment time to component-level procedures. Studies had also emerged to suggest that this sort of narrowed practice domain was evident on a national scale (e.g., Neistadt & Seymour, 1995; Pendleton, 1989; Rogers & Masagatani, 1982). Nationally, many respected practitioners and educators had issued warnings by the early 1990s about the proliferation of philosophically incoherent clinical practices (e.g., Florey, 1989; West & Wiemer, 1991; Yerxa, 1988). These internal critiques were consistent with external critiques of rehabilitation professionals for being focused on “fixing” bodily deficits while all but ignoring far more powerful environmental barriers to societal inclusion (De Jong, 1979). Further, as payers and policymakers called for evidence that therapy produced meaningful functional outcomes (Foto, 1995), studies were showing that component-driven therapy, in contrast to more occupation-centered therapy, was ineffective in achieving such outcomes (Trombly, 1995; Lin, Wu, Degnen, & Coster, 1997). Also troubling was the dwindling presence of occupational therapists in the U.S. mental health arena coupled with few successes in creating new community practices or expanding services to underserved populations (Nielson, 1994). Moreover, as the U.S. health care system became more and more driven by economic interests, we anticipated that traditional sources of funding would be severely curtailed in the near future.

The enormity of such problems notwithstanding, our faculty members had also become convinced by 1995 that promising courses of action were suggested wherever occupational therapy was thriving. For example, our students were predictably bolstered by fieldwork experiences in which they observed and delivered clinical practices congruent with the emerging paradigm of occupation described by Kielhofner (1992). As already noted, research was also substantiating the value of prioritizing attention to those occupations that service recipients wanted and needed to do. Similarly, occupation-centered practices evident in other countries, such as the focus on client-centered practice in Canada or on community practice in Sweden, offered instructive examples of success. Likewise, the international emergence of occupational science as an academic discipline denoted not only a maturational milestone in occupational therapy’s intellectual history, but also a vehicle for liberalizing and modernizing its scholarship and ways of serving society (Wilcock, 1993; Yerxa et al., 1989). Ultimately, evaluation of this complex of problems, projections, and areas of promise led to our conclusion that a strategy of yearly curricular revisions guided by ACOTE standards had become insufficient for preparing graduates to meet the challenges of the near future. We thus felt compelled to reject as well traditional indices of our program’s success if we were to realize a much broader societal mandate.

**Creating a Vision**

With the faculty’s analysis of environmental trends as a foundation, the pivotal activity in the domain of creating a vision consisted of developing a future image of occupational therapy that overcame barriers to best practices in existing clinical settings and created new ways in which occupational therapists could serve society. As observed by Bandrowski (1990), “The future will be invented by those who see it today” (p. 33). Accordingly, our faculty members adapted a visioning process of Bandrowski’s that enabled us to take creative leaps into the future in order to imagine occupational therapy as it could be if its fullest potential was realized. We constructed an image of occupational therapy that was, in our estimation, so compelling and rich that it continuously acted as a source of inspiration throughout all subsequent work, helping us overcome numerous obstacles to change. Although this image concluded with our ideal of a best possible world, it embraced many doable objectives that could be realized on small and local scales in the foreseeable future (see Appendix).

**Curriculum Planning**

Curriculum planning was guided by our prior visioning work and consisted of seven steps that, while seemingly discrete, were in fact highly iterative (see Table 1). This domain marked an intensive period of study, reflection, and debate during which we immersed ourselves in relevant disciplinary and interdisciplinary literature. Our sustained exchanges about this literature served to coalesce our faculty as a community of scholars who were not only capable of productive scholarly disagreement, but also became committed to a certain view of education and practice. As a function of such discourse, we developed our mission statement and philosophical views of occupation, the occupational human, and occupational therapy. These documents were critically important in defining our identity and purpose and can be accessed via our program’s Web site (www.alliedhealth.unc.edu/oscci).

Emerging directly from this foundational work were seven curriculum themes that encompass all academic content and educational outcomes for each theme. Expert educators within and outside of occupational therapy consulted with the faculty at this juncture, culminating in the integration of themes within a conceptual model of our educational process. This model is visualized as a spiral to emphasize the curriculum’s developmental nature in revisiting content in each theme in greater depth and breadth across 2 years of study. Our conceptual model in turn guided development of course objectives and preliminary syllabi that began to explicate how content would be introduced and then systematically deepened and expanded. Evaluative strategies were developed so that problems could be identified and corrected in a timely manner. During our final year of work, we arranged for a series of seminars by a
respected educational reformer. These seminars were devoted to many pedagogical issues, such as classroom management, instructional methods to maximize participatory learning, and integration of academic content with “real-world” experiences.

Core Assumptions and Beliefs About Graduate Education

Throughout the curriculum project, our faculty grappled with its core assumptions and beliefs about graduate education. Although some premises were clear from the project’s initiation, others became obvious only after implementing the curriculum and then reflecting on what we had accomplished and how.

Perhaps the most compelling assumption guiding the project itself was that “the proof of education is practice” (Presseller, 1984, p. 5). In other words, while recognizing that practice is shaped by much more than education, we agreed that how a program’s graduates typically go on to practice constitute that program’s truest outcome measure.

### Table 1

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<th>Domain Three: Curriculum Planning Cycle</th>
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<td><strong>Step</strong></td>
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Similarly, we thought that educators were obligated to ensure that their own curricula did not incubate in students distinct patterns of future clinical deficiencies or shortfalls in professionalism. Further, we confronted the question of whether the kind of innovation in graduate education that we envisioned could truly help occupational therapy realize its full potential in the foreseeable future. Ultimately, we agreed with Bruner (1996) who argued that educational innovations—contrary to what is often reflexively assumed—have, in fact, often been powerful and lasting in impact.

To be catalytic, we assumed that graduate education had to hone sophisticated critical thinking abilities in students. We agreed with Reilly’s (1958) observation that the hallmark of professional education is curricula that are “built from a constellation of conceptual understandings that support practice” (p. 294). On grounds that it was dangerously regressive to do so, we thus rejected the position that we were obligated to sanction, or to teach students how to perform, most every entry-level technique used in practice. Rather, we thought it far more important that students develop the requisite critical thinking capacities to evaluate specific techniques—and entire clinical programs—in light of the best available science, theory, and consensus expert opinion. We also agreed that only clinical approaches that advanced best practice would be targeted for development of performance competencies. For example, given current evidence, we do not teach students how to elicit righting and equilibrium responses or how to “normalize” muscle tone in children with central nervous system disorders; we do teach them how to assess and adapt multiple occupational contexts in order to increase meaningful participations of such children in their everyday lives.

Additionally, to be catalytic, we assumed that graduate education had to affect students’ emotions just as deeply as it did their intellects; graduate education also had to deal with issues of personal character. We therefore decided to create a selection process that favored applicants who showed courage and leadership, that is, those who not only met UNC-CH’s academic standards, but also had immersed themselves in substantive service projects, researched the field extensively, showed awareness of current changes in the field, and demonstrated credibility in their respect for scholarship and research. Once admitted, we resolved as well to attend closely to issues of professional behavior and leadership in classroom and student advising contexts (Fidler, 1996). Key areas of attention in these regards were identified as effectiveness of work habits and standards, responsiveness to feedback, commitment to self-directed learning, capacities for cooperative and small group work, or emotional comfort in presenting and defending one’s work in public forums.

Another core assumption of our program is that cognition and learning are always contextually and culturally situated. As Bruner (1996) observed, “Meaning making involves situating encounters with the world in their appropriate cultural contexts” (p. 3). Accordingly, we believed that we needed to create a variety of learning experiences that required students to integrate, explicitly and systematically, academic content with direct experiences outside the classroom. This assumption guided numerous programmatic decisions, such as those to expand Level I fieldwork, tightly integrate course content with all fieldwork, embed multiple educational objectives within community projects, or create continuing education events in which students interacted with clinicians in accord with course objectives.

All together, our core assumptions and beliefs infuse our curriculum in numerous ways—most obviously by guiding concrete decisions about admissions, instructional methods, course content, fieldwork assignments, or student-faculty relationships. Adherence to these premises has also helped to create, we believe, a culture in our division in which students responsibly commit both to their own learning and professional maturation and to that of their peers.

**Curriculum Themes and Academic Content**

Academic content in the program is organized around seven curriculum themes, all of which include basic and applied content. Rather than translating into separate courses, each theme is addressed, to varying degrees of emphasis, in many courses across the program of study. Consistent with our spiral curriculum model, students are immediately immersed in the study of all themes, with content systematically developed in much greater breadth and depth over 2 years. Comprising the core of the curriculum are three curricular themes that center around the defining philosophic traditions of occupational therapy and that are supported by occupational science: *occupation, the human as an occupational being, and occupation as a medium of change*. Three more supporting themes reflect reasoning processes, specifically, *clinical, investigative, and ethical reasoning*, that inform core content by representing indispensable ways in which occupational therapists enact best practice and achieve optimal professionalism. The final theme, *occupational therapists as scholars and change agents in systems*, addresses content pertaining to leadership and innovation and represents the program’s ultimate educational goal.

The reader should note that the citation style in the next section refers to readings from course syllabi that reflect the described academic content as accurately and comprehensively as possible. However, each theme covers more content than can be cited or described herein. Additionally, content that is available in books on occupational therapy, although prominent as a classroom resource, is generally not cited. Finally, it is important to stress that citations reflect just one snapshot in time, as content is continuously updated. (Current syllabi may be downloaded from our Web site.)
A Foundation of Occupational Science

Occupational science is an emerging academic discipline akin in scope to, say, psychology or economics and not a practice model, “umbrella” theory, or particular perspective of occupational therapy as is sometimes thought. Having grown from the philosophic, intellectual, and humanitarian traditions of occupational therapy, the science’s defining focus is that of the study of occupation, including its observable forms, functions during evolution and ontogeny, and meanings at person and sociocultural levels (Clark, Wood, & Larson, 1998). To develop the richest possible body of knowledge about occupation, occupational scientists are strongly committed to interdisciplinary discovery and enrichment (Wilcock, 1998a; Zemke & Clark, 1996). This commitment to interdisciplinarity enables occupational scientists to inform, and be informed by, classic and contemporary views of human behavior extant within the global health and scientific community. Yet more than just synthesizing existing knowledge through the “lens” of occupation—an activity that does not justify claims of a distinct academic discipline—occupational scientists are generating new knowledge about occupational behavior across the life span, in diverse cultural contexts, and with persons with and without disabling conditions (Larson, 1998; Pierce, 2000; Segal & Frank, 1998; Townsend, 1997).

In portraying our curriculum as built on a foundation of occupational science, we mean essentially two things. First, we mean that the defining focus of occupational science explicitly and implicitly comprises our academic content. Explicitly, our three core curriculum themes address basic and applied knowledge pertaining to the form, function, and meaning of occupation. Our curriculum consequently frames the study of occupation and its applications to health care, education, and well-being across the life span—and not the study of biomedical sciences or generic rehabilitation techniques—as constituting occupational therapy’s vital base of knowledge. Implicitly, the curriculum is constructed to ensure that none of its tacit messages work at cross-purposes to its ultimate educational objectives. Our remaining curriculum themes, therefore, are constructed to prepare students to address current and emerging areas of occupational need in individuals, social systems, and society as skillfully as possible. Accordingly, all educational experiences and sequences have been designed to ensure that students develop clear and confident identities as occupational therapists. For instance, biomedical content is taught directly in the first year of study as it relates to the form, function, and meaning of occupation. After having gained a sufficient corpus of knowledge about occupation with which to contribute optimally to, and benefit optimally from, interdisciplinary discourse, students take an elective in their second year in the humanities, social sciences, public health, health policy, or a specialty clinical focus.

The second way in which our curriculum is based in occupational science concerns how we expect our students to think as occupational scientists and to recognize when they are doing so. Occupational scientists use, we believe, divergent thinking when exploring the perspectives of other disciplines and convergent thinking when critically evaluating those perspectives in order to broaden or deepen understanding of human occupation. Correspondingly, if students are to explicate how content in the humanities enriches their understandings of the occupational experiences of families caring for loved ones with disabilities or how knowledge of public policy helps them address the occupational needs of disenfranchised minority persons, they must think as occupational scientists, employing both divergent and convergent thinking. As these examples hopefully illustrate, to think as an occupational scientist, a core of knowledge in occupational science is necessary as is the meta-cognitive ability to recognize when and how one’s thinking as an occupational scientist offers a distinctly unique perspective of human behavior.

Core Curriculum Themes

Occupation. The theme of occupation addresses conceptual and clinical capacities pertaining to (a) occupational form, or objectively observable units of behaviors that constitute occupations; (b) occupational functions, or identifiable effects, consequences, or outcomes of occupational engagement; and (c) dynamic interrelationships between occupational form and function (Clark et al., 1998). This theme emphasizes, although not exclusively, the usefulness of synchronic (immediate time) and etic (objectively observable) perspectives in being able to conceptualize, observe, and analyze units of behavior that do or do not constitute discrete occupations (Christiansen, 1994). In this emphasis, the theme reflects that dimension of occupational therapy’s history concerned with using and adapting singular occupations for the purpose of realizing positive outcomes in persons.

To grasp what does or does not constitute an occupation, students investigate various approaches to conceptualizing and researching occupation that have informed and catalyzed the field’s evolution. The curriculum heuristically defines occupations as the ways in which people orchestrate time to fulfill their needs and wants in everyday environments. While highlighting people’s agency in the context of lived environments and cycles of time, this definition offers a liberal foundation for appreciating other perspectives. Students accordingly pursue in-depth study of the social movements and philosophies that gave rise to the idea of occupation as therapy (Addams, 1990; Dewey, 1944; Meyer, 1957) in addition to modern approaches to studying occupation (Christiansen, 1994; Gray, 1997; Trombly, 1995). Various forms of occupation and of other non–occupation-based media that have been used as therapy are likewise
explored from historical and cultural perspectives. Additionally, dynamic systems theory is examined in depth to generate competencies in accurately analyzing occupational behavior as it emerges and comes to be expressed in immediate action contexts (Thelen & Smith, 1998).

Concern with the functions of occupation includes considerations of adaptation (Frank, 1996; Kiellhofner, 1977; Wood, 1998b), health-related quality of life (Muldooon, Barger, Flory, & Manuck, 1998), function in activity and participation (WHO, 1997), and new explorations of multifold effects of occupation on individuals, communities, societies, and the environment (Wilcock, 1998b; Yerxa, 1998a). Keen attention is paid to studies that substantiate favorable effects of occupation, such as those by Clark et al. (1997) in occupational science and therapy or by Csikszentmihalyi and LeFevre (1989) and Glass, Mendes de Leon, Marsottoli, and Berkman (1999) in psychological and public health perspectives. To help students identify interrelationships between engagement in occupations and consequences stemming from such engagements, considerable attention is given to the theory and practice of top–down approaches to functional assessment (Coster, 1998).

The human as an occupational being. The theme of humans as occupational beings encompasses four main content areas: (a) biological basis of the occupational human, (b) occupational meaning, (c) historic and sociocultural contexts of occupation, and (d) temporal orchestration of occupational patterns. As these content areas suggest, the theme emphasizes, although again not exclusively, diachronic (across time) and emic (subjective) perspectives in its study of the occupational human (Christiansen, 1994). Moreover, a biopsychosocial view of the occupational human is sustained throughout this theme, as is a life span perspective.

Study of the biological basis of the occupational human encompasses considerations of biological requirements for occupation (Greenough & Black, 1992; Wood, 1998a) and the effects of variations in performance components, such as sensory processing, on daily activities (Baranek, 1999; Baranek, Foster, & Berkson, 1997). Transformations in occupational behavior are also related to issues of maturation, aging, illness, congenital or acquired disabilities, and sources of individual differences affecting multiple trajectories of development. Study of various psychological and sociocultural perspectives on activity and agency further enrich understanding of the occupational human (Atchley, 1989; Bandura, 1989; Bateson, 1996). The importance of attending to issues of occupational meaning is stressed by directly tying biomedical content to the phenomenological study of disability and compelling first-person accounts of living with various health conditions (Klein, 1997; Monette, 1994). Recognizing the power of context, students are also immersed in evidence that occupations and their related effects and meanings are embedded in varying social histories and sociocultural contexts (Humphry & Thigpen-Beck, 1997; Jackson, 1995; Larson, 1998; Primeau, 1996).

The life span perspective of this theme stresses continuities and discontinuities of multiple levels of change in embedded systems (Smith & Baltes, 1999). Similarly, dynamic systems thinking is expanded to encompass consideration of how occupational behavior evolves through transactions of persons with a multiplicity of interdependent systems over time (Gray, Kennedy, & Zemke, 1996; Kiellhofner & Forsyth, 1997). All together, this theme is designed to help students value the centrality of occupation to daily existence across multiple transitions of growth, development, maturation, aging, illness, and disability.

Occupation as a medium of change. An important educational outcome of our curriculum is that students will be able to interweave a rich complex of etic and emic as well as synchronic and diachronic perspectives in designing and delivering interventions that maximally support persons’ participation as defined by the WHO (1997). This complex of proficiencies includes, among others, the use of systematic strategies to generate keen observations of occupational behavior in immediate action contexts, explicate salient influences on occupational behavior across multiple contexts, attend to both phenomenological and biomedical dimensions of health conditions, and grasp the essential historicity of people as related to past and present occupational patterns as well as future possibilities and hopes. To hone such proficiencies, the theme of occupation as a medium of change emphasizes (a) conscious cataloging of treatment mechanisms, that is, those aspects or qualities of an occupation—or of an entire program of intervention—to which positive outcomes are directly attributable; (b) application of contemporary process models of occupational therapy; (c) environmental approaches to maximizing life participation; and (d) clinical problem solving in context of real-life case studies.

It is critically important that occupational therapists be able to articulate and then put into play that which makes occupation a powerful tool for inducing favorable subjective experiences and desired outcomes (Pierce, 1998; Trombly, 1995). To this end, students analyze therapeutic situations in which occupation was pivotal in instituting beneficial changes as gauged by recipients of service themselves (Clark, 1993; Gray, 1998). Students are similarly challenged to distinguish truly empowering alliances among occupational therapists and service recipients from associations that may be friendly yet are essentially nontherapeutic (Davidson & Pelquin, 1998). Likewise, they identify criteria distinguishing truly therapeutic groups centered on occupation from the mere gathering of aggregates of people for treatment. Also examined is how a broad temporal approach to lifestyle redesign helps people orchestrate rounds of occupations over time that are self-satisfying and health promoting (Jackson, Carlson, Mandel,
ment mechanisms and process models, these analyses require numerous occupational analyses of persons across key catalysts of change are integrated in the study of new themes and fieldwork experiences is progressively integrated into pragmatic interventions for individuals, social systems, and institutions. Specific to this theme, case studies are also designed to inculcate a fundamental shift in thinking away from dated, component-driven practices that mainly target deficits internal to the human body and toward far more holistic and evidence-based practices that target elements of person-environment transactions that significantly affect performance capacities and well-being. Accordingly stressed are clinical competencies relevant to key environmental issues such as the availability of opportunities for meaningful time use; the usefulness of technology, adaptive living aids, community networks, or social interdependence; the value of universal design and accessible public transportation; or the indispensability of collaborative partnerships with family caregivers.

Supporting Curriculum Themes

Clinical reasoning. The theme of clinical reasoning addresses strategies for thinking and self-reflection needed to become an expert, client-centered therapist as expeditiously as possible. Works that illuminate the reasoning processes of occupational therapists are studied in depth and then woven into other curriculum themes and related to clinical experiences. For instance, as related to the theme of occupation, diagnostic reasoning is presented as a systematic strategy for analyzing barriers to and enablers of occupational performance in immediate action contexts (Rogers & Holm, 1998). As related to the occupational human, narrative reasoning is presented as a tool for accessing persons’ phenomenological experiences of illness and disability (Mattingly & Fleming, 1994). As related to occupation as a medium of change, procedural reasoning is examined with respect to whether and to what degree various enabling procedures do in fact enhance functioning in real life and, hence, are therapeutically justifiable. With respect to the theme of ethical reasoning, pragmatic reasoning is used to examine the skills needed to respond to, from an empowered stance, external constraints that threaten to diminish the quality of one’s services (Schell, 1998). As synthesizing exercises, students critique multiple fieldwork experiences relative to the forms of clinical reasoning in which they engaged, addressing how services might have been improved by alternate or more comprehensive reasoning processes.

Investigative reasoning. The theme of investigative reasoning addresses (a) the values, attitudes, and skills to endorse and enact evidence-based practice (Law & Baum, 1998) and (b) the capacities to contribute, as coinvestigators, to research in occupational science and therapy. Starting in their first semester, students study, apply, and write about, using rules of scholarship, various works that critique and guide practice relative to current theory and research. Once some scholarly sophistication has matured, students are challenged to become sophisticated consumers of research by such experiences as writing discussion sections and clinical interpretations of studies (Coppola, 1998), debating the profession’s research priorities (Parham, 1998), or analyzing assumptions of post-positivist, constructivist, and critical theory paradigms of research and their manifestations in clinical practices (Guba & Lincoln, 1994). Corresponding to intensive study of research methods, students complete faculty-mentored research projects along with one to two other students during their second year. These projects are designed to build knowledge in occupational therapy or science and, as feasible, to act as springboards into students’ careers by being of sufficient quality for submission to refereed forums (Humphry & Thigpen-Beck, 1997). Other integrating experiences include critiquing practice during fieldwork from an evidence base and critically evaluating occupational therapy relative to factors that historically have driven its treatment methods.

Ethical reasoning. Ethical reasoning is defined in the curriculum as processes of enacting the highest standards of ethical conduct and of generating solutions to problems on the basis of a systematic study of morality. While encompassing attention to ethical issues in practice and research (Hasselkus, 1991; Rogers, 1983), the theme also heavily stresses the ethics of professionalism (Freidson, 1994). For example, the concept of what it means to be a “principled ideologue” of one’s profession is used to examine many examples from occupational therapy and other fields of various innovations and advancements that occurred despite, and sometimes due to, a “shaking up” of the status quo (Colman, 1992). Conversely, current threats to the field are examined in light of past compromises that weakened occupational therapy’s sociopolitical position and diminished its power to meet the occupational needs of people and society (Friedland, 1998).

Ultimate Educational Outcome

The final theme of occupational therapists as scholars and change agents in systems addresses content pertaining to
change, leadership, and current and potential environments for practice. Scholars are defined as those who, at minimum, continually inform and refine their work through ongoing study of credible theory, research, and scholarship. Change agents are defined in three ways: (a) change generators, or those who initiate desired change; (b) change recipients, or those who evaluate imposed change and respond with support and positive action; and (c) change resistors, or those who evaluate imposed change and respond with deliberate and strategic opposition. Decisions to act as change generators, recipients, or resistors are predicated on whatever best supports both one's professionalism as an occupational therapist and one's capacity to enact best practice.

In our experience, entering students often require convincing that it is their professional obligation to challenge forces internal and external to occupational therapy that can adversely constrict its practice. To instill this mind-set, an early Level I fieldwork is examined relative to how features of a particular setting shape the services delivered therein. Examined somewhat later is how national policy, reimbursement, interdisciplinary dynamics, and organizational culture affect the practices and status of occupational therapists (Crepeau, 1994; Townsend, 1996) as well as how various systems of practice undergo change (Rourke, 1996). Students subsequently develop skills as change generators by means of conducting needs assessments and then planning model community-based programs of occupational therapy (Baum & Law, 1998a). Diverse sources of reimbursement are explored and integrated in comprehensive business and funding plans designed to support these programs (“SBA Classroom,” 1999; The Foundation Center, 1999). Skills in consultation, marketing, and program evaluation are also applied (Jaffe & Epstein, 1992).

All together, these projects are designed to help students create their own positions in service of underserved populations in the community.

As the program’s ultimate educational objective, the occupational therapist who is a scholar and change agent is viewed as one who confronts complex problems with innovative solutions that are grounded in sound clinical, ethical, and investigative reasoning and that manifest sound practice skills. Further, the scholar and change agent, even at the entry level of practice, possesses the requisite capacities to assume multiple professional responsibilities, including those of advocate, program planner, administrator, community organizer, collaborative researcher, consultant, and entrepreneur. In asking our students to think of themselves in such “large ways,” they become ready, we believe, to see their unique leadership profiles and to believe in their abilities to act as change agents on many levels within their profession and communities.

Reflections on Innovation in Graduate Education in Occupational Therapy

Having now implemented our new program of study, it is possible to reflect on its “birthing” process, focusing on those aspects that were crucial to the project's completion. To begin, we believe that our project would not have been brought to fruition had we not committed ourselves to a consistent schedule of curriculum work and eventually become willing to engage in a true curricular renaissance. Designating one person as a process manager was also key to keeping the project on course, inducing flexibility and structure as needed, and offering periodic reviews to take stock of our progress and become energized anew. Additionally, the 3 years that our project took allowed key ideas to gestate and an enormous amount of work to be accomplished while still managing other responsibilities. Paying heavy attention to pedagogic issues and concerns also proved to be critically important. We believe too that we made the right decision in not starting the project with course development. Rather, by collectively engaging in a visioning process and sustained period of study, the curriculum grew to be far richer, more exciting, and more reflective of our respective values, commitments, and strengths than any that we had initially imagined. Lastly, we should note that our work is unfinished. We are continuing our consultations with the aforementioned educational reformer in order to develop consistency, across courses and assignments, by which quality of scholarly writing as well as various professional behaviors like attendance, participation, timeliness in meeting external deadlines, accuracy in following written instructions, among others, are integrated into assigned academic grades. Additionally, we are explicating developmental progressions of learning objectives for each content area in each curriculum theme on a semester-by-semester basis. By tying these objectives to specific units of study and markers of achievement, we can evaluate whether and how well we teach what we think we do and, furthermore, how to go about filling in gaps or otherwise improve our efforts.

Ultimately, the most important question is not what facilitated our curricular renaissance, but what its lasting aftermath will be. That answer will reveal itself slowly as we watch the professional commitments and contributions of our alumni take root and grow over time—or not. Yet whatever transpires, on this we now wholeheartedly agree: Today’s educators must become far less concerned with preparing students to fit into preexisting niches and far more concerned with empowering them to invent their own futures as well as that of occupational therapy.

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Appendix

Guiding Vision of Occupational Therapy

We envision a future where

- occupational therapy is neither bounded by institution walls nor compromised by artificial boundaries that preclude it from addressing the vital activities of life for all persons in need, regardless of their abilities to pay;
- occupational therapy is an integral component of all health care, educational, welfare, wellness, and social systems that support persons with disabling conditions and the poor and disenfranchised members of our society;
- occupational therapy is recognized by society as having vital contributions to make in helping people experience a high quality of life, whether they have disabling conditions or not;
- occupational therapy is available in all places where people carry on their lives;
- researchers in occupational science and occupational therapy play a lead role in formulating new understandings of the relationship of occupation to human development, adaptiveness, resilience, health, and well-being; and
- the humanitarian values of occupational therapy are embraced by society at large such that every person of any age, fully well or with a disabling condition of any type, rich or poor, has the opportunity to lead a life that is complete and full and contributory to others—a life of meaningful occupations.

References


