



Occupational Science  
& Occupational Therapy  
UNIVERSITY OF TORONTO

# 2023 MScOT Program and Curriculum Document

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### Preamble

The Occupational Therapy Program at the University of Toronto is guided by the Department of Occupational Science and Occupational Therapy’s Vision, Mission, and Values; relevant evidence-based theories and practices; the accreditation standards of the Canadian Association of Occupational Therapists in Canada; the *Minimum Standards for the Education of Occupational Therapists 2016* of the World Federation of Occupational Therapists (WFOT); and the performance expectations for “competent” practice of occupational therapists as detailed in the *Profile of Practice of Occupational Therapy in Canada* (2012). Given the recent introduction of the *Competencies for Occupational Therapists in Canada* (2021) and the current period of transition from the *Essential Competencies of Practice for Occupational Therapists in Canada* (2011), the Department’s 2023 Program and Curriculum Document is reflective of this transition as there is a need for current cohorts to be educated in both until the transition is complete (expected in 2025-2026). These materials provide the foundation for the program objectives and evaluation, curriculum planning, management and evaluation, and the culture of educational scholarship in the Department.

### Context

Our Department is situated in the Temerty Faculty of Medicine (TFoM) at University of Toronto. The TFoM is at the centre one of North America’s largest biomedical research, education, and clinical care networks. With nine fully affiliated research-intensive hospitals—and dozens of community and clinical care sites—TFoM offers unparalleled learning opportunities in one of the most culturally diverse cities in the world. The MScOT Program is one of the largest occupational therapy programs in Canada with 260 learners in total across the two years of the program. The MScOT program is distributed across two campuses, UTSG (St. George downtown campus) and UTM (Mississauga campus). Our faculty educators apply innovative approaches to teaching in our distributed campuses to ensure the highest quality education for our learners. We have over 300 adjunct faculty who support in-class and fieldwork education for our students.

## Guiding Principles

Program / Curriculum Area	Guiding Principle(s)
<b>I. Vision, Mission and Values</b>	The Department's Vision, Mission and Values arise from the commitment to prepare leaders in occupational therapy and excellence and leadership in advancing the science of occupation and its enablement.
<b>II. Program Goals &amp; Objectives</b>	The MScOT Program has a set of overarching goals and objectives that graduates are expected to achieve, that are responsive to the changing needs of society and that encourage the development of the breadth of competencies for occupational therapy practice in Canada.
<b>III. Professional Conceptual Framework</b>	The MScOT Program's Professional Conceptual Framework embodies notions of 'health and wellbeing through occupation' and 'scholarly-practitioner' and is responsive to new and emerging theories in occupational science and occupational therapy.
<b>IV. Educational Conceptual Framework</b>	The MScOT program's Educational Conceptual Framework is based on the philosophy that learning is life-long, interactive, and transformative and that flexible, critical, and student-centred pedagogies are fundamental for developing and fostering collaborative, critically reflexive, and competent occupational therapy practitioners and leaders.
<b>V. Curriculum Structure</b>	The major elements of the MScOT program are organized in a logical sequence and in a coordinated and integrated manner that support the progressive development of students' competencies.
<b>VI. Fieldwork Program</b>	The Fieldwork Program is designed to meet the standards set out in the <i>Canadian Guidelines on Fieldwork Education for Occupational Therapy (CGFEOT)</i> and those specified in the <i>Minimum Standards for the Education of OTs, 2016 edition (WFOT)</i> and to facilitate the MScOT Program goals and objectives.
<b>VII. Inter-professional Education Curriculum</b>	The Interprofessional Education Curriculum is designed from the <i>Framework for the Development of Interprofessional Education Values and Core Competency</i> and to address the roles of Collaborator and Communicator as described in the Profile of Occupational Therapy in Canada (2012).
<b>VIII. Program &amp; Curriculum Evaluation</b>	The MScOT program's program & curriculum management and evaluation processes are designed to ensure that continuous quality improvement is occurring to ensure continued excellence. These processes are formative and summative; occur informally and formally; take place routinely and on many levels; evaluate the program as whole and evaluate components and consider and reflect multiple perspectives

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## I. Vision, Mission and Values

**Guiding Principle:** *The Department's "Vision, Mission and Values" arise from the commitment to prepare leaders in occupational therapy and excellence and leadership in advancing the science of occupation and its enablement.*

The Department's Vision, Mission and Values were developed as part of a major strategic planning process in 2011. subsequent review in 2017 led to the addition of *Inter-professionalism* as a value.



In 2022, the Department undertook a strategic planning exercise that involved participation of over 200 stakeholders and identified strategic priorities for 2022-2027. **Planning is underway to identify specific objectives and indicators in relation to this new strategic plan. Therefore, the plan is not included in this iteration of this document.**

## II. Program Goals & Objectives

**Guiding Principle:** *The MScOT program has a set of overarching goals and objectives that graduates are expected to achieve, that are responsive to the changing needs of society, and that encourage the development of the breadth of competencies for occupational therapy practice in Canada.*

**MScOT Program Goal:** *To create knowledge and prepare leaders in occupational science and occupational therapy to improve health and well-being locally and globally.*

Short-term objectives are aligned with achieving competency in the seven roles identified in the *Profile of Occupational Therapy in Canada* (2012). The long-term objectives are that graduates are in roles that are contributing to the achievement of our mission.

### MScOT Program Short-Term Objectives

At the end of the MScOT Program, graduates will demonstrate

1. Ethical practice and high personal standards of behaviour (Professional Role)
2. The ability to manage time, prioritize, and support the management of effective and efficient practice (Practice Manager Role)
3. Expertise to advance occupation, occupational performance, and occupational engagement (Change Agent Role)
4. Use of evidence-based processes that focus on a client's occupations as a medium for action and outcome (Expert in Enabling Occupation Role)
5. Expertise in oral, written, non-verbal and electronic communication (Communicator Role)
6. The ability to work effectively with key stakeholders to enable participation in occupations by using and promoting shared decision-making approaches (Collaborator Role)
7. Use of critique, reflection, and quality improvement in everyday practice and through lifelong learning (Scholarly Practitioner Role)

**Note:** In 2021, we began the process of integrating the Competencies for Occupational Therapy in Canada (2021) in the curriculum. For the next two to three years, we expect to continue to include curriculum that includes these new competencies alongside the Profile of Practice of Occupational Therapists in Canada (2012).

### MScOT Program Long-Term Objectives

Within five years of graduation, graduates of the MScOT program will demonstrate leadership in the supervision of support workers, through assumption of management roles, through involvement in the profession, and/or through entrepreneurship.

### III. Professional Conceptual Framework

**Guiding Principle:** *The MScOT program’s professional conceptual framework embodies notions of “health and well-being through occupation” and scholarly-practitioner and is responsive to new and emerging theories in occupational science and occupational therapy.*

*We are committed to advancing knowledge through excellence in research.* As scholarly-practitioners, occupational therapists are expected to maintain a practice based on evidence, one aspect of which is current research.

“Evidence-based occupational therapy is client-centred enablement of occupation that is based on client information, critical review of relevant research, expert consensus, and past experience” (CAOT, 1999/2009; Law & MacDermid, 2008). “Occupational therapists believe that evidence-based practice is a major element of what is now described as best practice”. (CAOT 1999/2009, para 2). Thus, we aim to graduate students with skills in contributing to programs of research and in the translation and utilization of research, leading to the advancement of knowledge supporting the profession.

Our professional conceptual framework provides the foundational philosophy and values statements of the Program which inform our curriculum. Each value that is part of our professional conceptual framework is rooted in current and emerging occupational science and occupational therapy theory and practice and is encompassed in our values statements below.

- 1. Occupation:** *We believe in the value of occupation and its importance to health and well-being.* This value embraces the ideas that a) humans are occupational beings; b) engagement in occupation is “a basic human need and right for all”; c) engagement in occupation is “required for survival, health, and well-being”; d) occupational disruption can affect health and well-being and generate pathology; e) “occupation has therapeutic value”; f) “occupation brings meaning to life”; g) occupation allows us “to explore and learn from the environment, to master skills, to express our individuality, and to sustain life” (see CAOT, 2002; Polatajko, Davis, et al., 2013, p. 20-21); h) social, systemic, and structural inequities impact occupation and occupational participation (Laliberte Rudman et al., 2022). Occupation-centred practice and emerging collaborative relationship-focused occupational therapy, together hold that current and emerging occupational therapy practice must be centred on the enablement of occupational performance and occupational engagement, and the promotion of occupational participation outcomes relative to health, well-being, and occupation. Thus, occupation is viewed as not only a means of therapy (occupation-based) but also an end/outcome of therapy (occupation-centred) that promotes health and well-being and participation (Egan & Restall, 2022; Fisher, 2013; Polatajko & Davis, 2020; Polatajko, Davis et al., 2013).

*We also believe in the importance of the environment—micro, meso, and macro levels—as an influence on occupation, its development across the lifecourse, and quality of life.* Humans are “not decontextualized entities”; rather they “act on and interact with a myriad of environments, using occupation” (Polatajko, Backman et al., 2013). Further, environments shape who we are as occupational beings and who we will become and contextual issues, such as physical and social environments, stigma, inequity, accessibility and alienation, influence occupational engagement and quality of life (Polatajko, Backman et al., 2013). Thus, understanding and addressing the environment’s role in occupational performance, engagement, and participation are crucial for effective occupational enablement and fostering quality of life and wellbeing.

- 2. Leadership:** *We value a variety of notions of leadership* including the following portrayals:
  - a leader is anyone willing to help, anyone who sees something that needs to change and takes the first steps to influence that situation (Wheatley, 2008);
  - leadership is a process whereby an individual influences a group of individuals to achieve a common goal (Northouse, 2013);
  - one can lead from any chair (Zander & Zander, 2000).

We believe that **innovation** and **excellence** in research, education, and practice arise from a variety of forms of leadership. We recognize that occupational therapists “show leadership in all practice contexts

and career stages” ([ACOTRO Competency Document](#), p. 17) with individuals, groups, communities, and populations.

- 3. Interprofessional Collaboration:** *We are committed to collaborative relationships and partnerships with clients/caregivers and health/social care providers.* **Collaboration** is the KEY enablement skill in the Canadian Model of Client-Centred Enablement (CMCE; Townsend et al., 2013) and the central focus of collaborative relationship-focused practice (Restall & Egan, 2022). This value of collaboration has been part of our professional values for many years. “Congruent with enabling occupation, the production, retrieval, review, and evaluation of information is viewed as a joint responsibility of the client and therapist working in a collaborative relationship” (CAOT, 1997; CAOT, 1999, para. 4). Additionally, collaboration and communication with other health/social care providers enables a comprehensive client-centred approach and is congruent with collaborative relationship-focused occupational therapy.
- 4. Culture, Equity, and Justice:** *We value cultural diversity and individual difference.* We view culture as a shared system of values, beliefs, ways of knowing, or learned patterns of behaviours that are reflective of one’s intersecting identities as related to ethno-cultural background, gender identity and expression, sexual orientation, socioeconomic status, abilities, race, geographical location, or age. As such, “culture has an essential impact on occupational patterns and occupational choices that are indicative of cultural beliefs” (Polatajko, Backman et al., 2013, p. 52). Culture influences our values or ways of engaging in the world. Importantly, “each occupation is uniquely experienced by the individual engaged in it” and “occupations are idiosyncratic” to each specific person (CAOT, 1997; Polatajko, Davis et al., 2013, p. 22). We are cognizant of the multi-layered determinants of health, well-being, and occupation (Trentham et al., 2022) and consider how these elements impact the communities we serve at micro, meso, and macro levels. The subjective, constructed, and socially located nature of occupational meaning, purpose, engagement, and participation, must be understood and appreciated through client-centred or individualized, culturally appropriate assessments and interventions.

We situate discussions of culture, equity, and justice within understandings of sustainability (environmental integrity, social equity, and economic inclusion; Chan et al., 2020) and occupational **justice** concomitantly with oppression, privilege, discrimination, exclusion, and injustice, all which impact health, well-being, and occupation. Accordingly, our understanding must also consider how some forms of difference (i.e., identities, language, or ways of doing, knowing, being, becoming, belonging) may be privileged (e.g., white, able-bodied, cisgender, English speakers, citizenship) and included while others (e.g., racialized, disabled, transgender, non-English speakers, immigrants) may be excluded and oppressed (ACOTRO et al., 2014; Beagan, 2015). We recognize that interpersonal, organizational, and systemic/structural oppressions cannot be understood in isolation from each other, and thus must be taught together (Giannitsopoulou et al., 2023, in press). Awareness of the power inequities across various forms of diversity that play out in the dynamics of the practitioner-client interactions is essential to the value of **equity** and the maintenance of culturally humble, safer, and inclusive approaches to maximizing and promoting occupational performance, engagement, and participation (CAOT, 2011; Egan & Restall, 2022; Hook et al., 2013). We recognize and commit to the importance of open dialogue in relation to culture, equity, and justice and their impact with individuals, groups, communities, and populations.

- 5. Client-centredness:** *We believe that people’s occupational repertoires are idiosyncratic and, as such, clients are the experts regarding their own life experiences and occupations. Therefore, clients must be active partners in occupational therapy process to realize the full potential of occupational engagement.* This value is a core component of client-centred enablement as it describes the type of enablement that is necessary to achieve a successful collaborative relationship and positive occupational outcomes. Client-centred enablement is based on the six enablement foundations: (a) choice, risk, and responsibility; (b) client participation; (c) visions of possibilities; (d) change; (e) justice; and (f) power sharing (Townsend, Polatajko, Davis, & Craik, 2013, p. 101). We recognize that with the emergence of new models (e.g., Key characteristics of relationship-focused practice [Restall & Egan, 2022, p. 101]), our understanding of this value requires critical reflection, and dialogue is ongoing.



6. **Professionalism:** *We value professionalism and are committed to fostering its development throughout the MScOT Program.* “Occupational therapists are responsible for safe, ethical, and effective practice. They maintain high standards of professionalism and work in the best interests of clients and society” ([ACOTRO Competency Document](#), p. 16). Students begin their learning about occupational therapists’ professional responsibilities on the first day of the MScOT program and continue this learning throughout the two years of academic and fieldwork education. The three Occupational Therapy Practice courses focus explicitly on students’ learning of specific competencies related to professional responsibilities, engagement with the profession, communication, and collaboration, as well as their socialization into the professional culture of **accountability, integrity, life-long learning, transparency, and critical inquiry**. Self, practice, and program evaluation are taught as critical elements for the provision of occupational therapy best practices (Law et al., 2005), 2005).

## IV. Educational Conceptual Framework

Our Educational Conceptual Framework (ECF; Appendix A), like our Professional Conceptual Framework (PCF), flows from our Vision, Mission, and Values statements. It encompasses our educational philosophy and guiding themes and principles and is foundational to the curriculum. As such, it provides guidance to and examples for faculty members to use when developing and implementing their course and student assessments. It provides fundamental content regarding the philosophy, values, and theories that inform approaches to the development and implementation of course content, instructional methods, and student assessment methods. It also informs decision-making regarding curriculum development and renewal.

### **Integration of ECF and PCF**

The close alignment and cohesion of the ECF and PCF are a result of their common foundations in the Department's Vision, Mission, and Values. The goal of the Program relates to ensuring our graduates are competent to begin professional practice, which involves demonstration of competencies in occupation-centred practice and the realization of an occupational therapy professional identity (see Figure 1 in Appendix D). The ECF supports the educational preparation of students in the MScOT Program. Accordingly, the MScOT Program's goal, short-term outcome objectives, and long-term outcome objectives are achieved, to a great extent (although not exclusively) through the complete curriculum. Appendix D, *Integration of Conceptual Frameworks within the MScOT Program and Curriculum* explains this integration in detail.

### **Dissemination of ECF**

The ECF was designed for use by all faculty members and students. Since the original development of our ECF (2012) and subsequent updates in 2017 and 2023, we have been actively engaged in the dissemination of its philosophies, concepts, and content to students, core faculty members, status-only and adjunct faculty members, preceptors, and other interested individuals. The full document is available in PDF form on the Department's shared "Faculty Resource" folder and all faculty members are able to access this folder. An executive summary is provided in the Departments' *Faculty Curriculum Policies and Guidelines Handbook*. A student-friendly executive summary version, written by past student representatives to the PCC, is provided in the MScOT Graduate Student Handbook, available to all students online (<https://ot.utoronto.ca/educational-professional-conceptual-frameworks> )

Active methods of dissemination include presentations at student orientations, emphasis on faculty linking their course content to learning theory in Atlas (the course and curriculum software management system used in the Department), presentation to our clinical community/adjunct faculty in a variety of contexts (e.g., Fieldwork Friday September 2022, Clinical Education Advisory Committee meeting May 2023), and development of web-based interactive modules on the ECF available to all students, faculty members, and preceptors. The initial version of the ECF (2012) was presented at peer-reviewed scientific conferences, including the Association for Medical Education in Europe (2015) and CAOT (2016).

**Interprofessional Education and the ECF:** The IPE learning activities are also developed using the learning theories presented in the ECF. Primary learning theories informing the IPE curriculum are Transformative Learning Theory and Social Constructivism.

### **Updates to the 2012 MScOT Educational Conceptual Framework**

Two updates to the ECF have taken place. First, in 2017, Indigenous pedagogies was integrated into the ECF to reflect our commitment to the 2015 Truth and Reconciliation Report. Second, in 2023, the spiral design of the MScOT curriculum was explicitly described and linked to the structure and flow and established pedagogical approaches used in the program, and online pedagogy was added to reflect our flexible learner-centred approach to curriculum delivery. Finally, curricular examples and the reference list have been updated to reflect updates in the program and these pedagogical additions.

## V. Curriculum Structure

**Guiding Principle:** *The MScOT program follows a spiral approach to education where the foundational knowledge and reasoning skills that are initially taught are continually re-emphasized, applied, and consolidated at a more complex level across the curriculum. This coordinated and integrated manner of education supports the progressive development and deep learning of students' competencies.*

We understand that students enter the MScOT program with personal experiences and knowledge that stem from their cultural, religious, educational, social, and life experiences and their individual personal attributes. The curriculum is designed to move students to a broader, critical understanding of how the world works, to understand the significance of occupation in that world, and to identify with the profession of occupational therapy and as occupational therapists.

The flow of the curriculum is deliberately organized to address the development of knowledge, skills, and attitudes through three tiers: foundation, application, and creation and innovation, which are supported by five continua of learning. The overarching conceptual continua (critical reflection to transformation) is realized through the enactment of four sub-continua (basic to complex, generic to specific, teacher-facilitated to student-facilitated, personal experience to professional expertise (Appendix E, Program Structure and Flow). All continua are reflected within and across courses in the curriculum in the way course content (academic and fieldwork) is provided, communicated, and evaluated (e.g., in-person and online, interactive lectures by professors, seminars by students, and in assignments [e.g., tests, individual papers, to group podcasts and presentations]).

The curriculum is structured to achieve two key outcomes: (a) collaborative, occupation-centred practice and (b) professional identity (Appendix D, Integration of the Conceptual Frameworks; Figure 1). These two outcomes incorporate the six guiding values described in the PCF. In terms 1 and 2 (Year 1), the foundations of these two outcomes are introduced in OCT1111Y, OCT1141H, OCT1131H/1132H, and OCT 1122Y-Part 1 and supported by three courses providing foundational knowledge-based content used in musculoskeletal, neurological, and mental health practices. The Foundations of Occupational Therapy course (OCT1111Y) is constructed to integrate, consolidate, and provide a structure for students' professional reasoning process that will be applied in later terms with greater complexity. In term 3 (Year 1), three courses (OCT1193H, OCT1100H, OCT 1122Y Part 2) begin the application stage of the curriculum. The OCT1193H course integrates previous learning to act as a bridge to Year 2 by engaging students in the reasoning to support application of the foundational processes and knowledge learned in the preceding terms across the lifecourse. Then, in terms 4 and 5 (Year 2), students are supported in applying their reasoning skills in six courses, mapped across the lifespan, to integrate the guiding values in developing expertise in collaborative, occupation-centred practice, and a final occupational therapy practice course (OCT1233H) focused on developing leadership and entrepreneurial skills. The final term 6 culminates with a final consolidation course that aims to support the students' transition to occupational therapy practitioners by encouraging creative and innovative planning and solutions to working alongside equity-deserving communities and populations as occupational therapists. This course, OCT1236H, *Transition to Occupational Therapy Practice*, first introduced in the 2021 to 2022 academic year, requires students to integrate general knowledge, advanced professional reasoning, and critical reflexivity skills and processes for occupational therapy practice in developing strategies to provide occupational therapy services, considering current legislative, policy, funding, social and cultural contexts, the evidence for occupational therapy practices, and public awareness of occupational therapy services.

A fundamental principle of the curriculum structure is **maximization of integration of content**. This integration is achieved in several ways.

1. Six major cross-cutting themes are emphasized with the curriculum: professional accountability & leadership; research; reflexivity and mentorship; diversity & inclusion; sexuality; interprofessionalism. These themes are supported by formalized and information course content. Examples are provided in Appendix E, Program Structure and Flow).

2. Meetings are held pre- and post-term with course coordinators responsible for courses within the term to facilitate further integration (Term Update meetings). Term coordinators are members of the Professional Curriculum Committee (PCC) to ensure this information is carried forward and discussed across terms.
3. Supported by the term coordinators, each term's course instructors are responsible for meeting to discuss how best to reduce overlap, ensure content coverage, and coordinate and link related course content within each term. Then term coordinators consult to ensure the same across terms. For example, the course coordinators of courses with neuro-related content regularly share lecture and assignment content to ensure one course builds on what has and is happening in other courses (e.g., confusion around the concepts of remediation, restoration, and compensation has been reduced by this coordination) and more general content on therapeutic use of self is taken up and more specifically applied within the mental health foundations course and year 2 courses. Content coordination is also addressed more broadly at monthly professional curriculum committee meetings.
4. Atlas, the web-based, curriculum and learning management system, allows instructors to upload materials that should feed forward into other courses. These materials are then available to instructors for use within their courses to emphasize past learning and engage students in more complex application of the materials. Course materials and requirements can also feed back to ensure foundational coverage and comprehensive flow of content areas.
5. Student representatives to the PCC are asked to report to the PCC on all curricular experiences. This information is fed back to faculty.

A second fundamental principle of the curriculum structure is **maximization of consistency**. This is a key role of the operations side of the PCC. Thus, components of the curriculum have predictable, patterned timelines in keeping with typical semesters. In addition, student study groups have consistent rooms in which to meet. The application of this principle assists students and faculty in planning, integration, and delivery of content. An overview for each academic year of the important dates for each cohort of students (year 1 and year 2) is available online by August of each year <https://ot.utoronto.ca/calendars-annual-events> Specific term schedules are provided exclusively to students and faculty online (i.e., Quercus and SharePoint, respectively) well ahead of the start of each term. Consistency within the curriculum is also provided via curriculum related policies (see Appendix B, *Faculty Curriculum Policies and Guidelines Handbook*). For example, policies on grading, course outlines, and the assignment and evaluation of group work have been developed and are followed by all faculty. All policies are approved by the Departmental Affairs Committee prior to being added to the *Handbook*.

## VI. Overview of the MScOT Fieldwork Program

**Guiding Principles:** The MScOT Fieldwork Program is designed to meet the standards set out in the Canadian Guidelines on Fieldwork Education for Occupational Therapy (CGFEOT) and those specified in the Minimum Standards for the Education of OTs (World Federation of Occupational Therapists, 2016), to facilitate the MScOT Program goals and objectives.

### **Congruence**

*“The purpose of practice education is for students to integrate knowledge, professional reasoning and professional behaviour within practice, and to develop knowledge, skills and attitudes to the level of competence required of qualifying occupational therapists.” (WFOT, 2016)*

Fieldwork faculty work diligently to accomplish this purpose, providing quality learning experiences for students, mentored by preceptors who are effective teachers and clinicians. Fieldwork courses are consistent with the philosophy and purpose of the MScOT program as a whole. Our fieldwork program meets the standards set out by the Committee on University Fieldwork Education (CUFE) of the Association of Canadian Occupational Therapy University Programs (ACOTUP), namely the ‘Canadian Guidelines on Fieldwork Education for Occupational Therapy (CGFEOT)’, and the ‘Minimum Standards for the Education of OTs, 2016 edition’ as outlined by the World Federation of Occupational Therapists (WFOT, 2016).

### **Quality Fieldwork Teaching**

Fieldwork preceptors are required to be practicing occupational therapists that are registered with their provincial/regional regulatory organization and have at least one year of clinical experience, as per the College of Occupational Therapists of Ontario ([COTO Standards, 2023](#)). Preceptor education to improve and enhance clinical teaching is available from the university by way of online resources and learning modules and workshops.

Practitioners who provide annual fieldwork teaching are eligible for Adjunct Lecturer positions within the Department. Excellence in teaching is recognized through various Departmental, university, and national awards.

Fieldwork sites must have a signed Placement Agreement or Affiliation Agreement with the University of Toronto. These sites also meet with a fieldwork instructor and are introduced to the Fieldwork Site Profile for later completion. Student coordinators at fieldwork sites submit detailed descriptions regarding placement learning opportunities prior to each fieldwork course. Student feedback regarding the quality of the learning experience is collected formally at midterm and the conclusion of each placement through completion of the online ‘Student Report on Fieldwork Placement’. The student and fieldwork preceptor(s) discuss this feedback at the midterm and conclusion of the fieldwork placement. Department fieldwork faculty review the Student Report at the conclusion of the placement, noting any items that require follow up with the student, the preceptor, and/or the fieldwork site.

### **Fieldwork Progression & Evaluation**

Fieldwork placement opportunities focus on the development of student competencies rather than on students gaining experience with specific diagnostic group, age group, or practice area. As students progress through the fieldwork program, their learning objectives require more advanced clinical reasoning and increasing levels of independence. Fieldwork preceptors structure learning experiences to reflect the level of the placement.

Learning objectives for each fieldwork course are listed under the CBFЕ-OT competencies within the fieldwork course outline and each objective is linked to the OT Roles specified in the ‘Profile of practice of occupational therapists in Canada’ (CAOT, 2012) and the Competencies for Occupational Therapists in Canada (ACOTRO et al., 2021). The attainment of both the formal fieldwork course objectives and personal student learning objectives is evaluated by preceptors midway through and at the end of the course using the Competency Based Fieldwork Evaluation for Occupational Therapy (CBFE-OT; Bossers et al., 2007). Students have access to electronic copies of their CBFЕ-OT evaluations to outline the progression of their professional competencies.

The fieldwork program is committed to inclusive occupational therapy education for students with disabilities in support of the [Joint Position Statement on Inclusive Occupational Therapy Education for Persons with Disabilities](#). Students must decide whether they require accommodations for placements as fieldwork course accommodations may differ from classroom accommodations. Fieldwork faculty work in partnership with the student, the University

of Toronto Accessibility Services office, and the preceptor to decide on and implement reasonable accommodations for an equitable fieldwork learning experience.

### Fieldwork Courses

Five courses provide fieldwork opportunities for students in the Department. In total, students complete 1,087.5 fieldwork hours within the Program.

1. **OCT1131H: OT Practice 1:** Included in this Term 1 course is the 2-week Introductory Fieldwork Experience which includes both clinic and university learning. In pairs, students spend six days at a fieldwork site and 15 hours in labs with simulation and reflection at the university. (60 hours)
2. **OCT1183Y: OT Fieldwork 1:** In Term 3, students spend six weeks (5 days/week) in a practice context. (225 hours)
3. **OCT1281Y: OT Fieldwork 2:** In Term 4, students spend seven weeks (5 days/week) in a practice context. (262.5 hours)
4. **OCT1282Y: OT Fieldwork 3:** In Term 5, students spend eight weeks (4 days/week) in a practice context. (240 hours)
5. **OCT1283Y: OT Fieldwork 4:** In Term 6, students spend eight weeks (5 days/week) in a practice context. (300 hours)

### Depth and Breadth

To meet WFOT (2016) and CAOT standards, students are provided with a variety of opportunities throughout their fieldwork courses to ensure they gain experience across a diversity of settings and with a variety of client populations and occupational performance issues.

Each student is required to complete the following:

- one fieldwork course in physical health and one fieldwork course in psychosocial health OR completion of two fieldwork courses that combine physical and psychosocial health practice;
- fieldwork courses in a minimum of two diverse practice settings (e.g. acute care, day hospital, rehabilitation services, community, long-term care);
- fieldwork courses with a minimum of two different age groups practice settings (e.g., child, adolescent, adult, older adult);
- fieldwork courses in a minimum of three different practice areas of practice (e.g., neurology, musculoskeletal, depression and anxiety disorders, rheumatology).
- at least one LEAP (Leadership, [Role] Emerging/Enhancing, Advocacy, Program Planning and Evaluation) placement. See further information in section below.

**Note:** Due to the limited fieldwork hours within the Introductory Fieldwork Experience (OCT1131H), that student experience does not count toward the meeting of the above requirements.

In addition to the above requirements, as part of the Interprofessional Education (IPE) Program, MScOT students are expected to address competencies for IPE through participating in specific learning activities during their fieldwork courses. Students are required to participate in a Structured (student team) IPE Placement OR to complete three Flexible IPE Activities; Shadowing and/or Interviewing Team Members, Analyzing Interprofessional Interactions of Team Members, Collaborating with Team Members.

Completion of fieldwork requirements is tracked electronically by the Department's fieldwork office and by the individual student who is responsible for recording their learning experiences after each fieldwork course.

### Commitment to Inclusion

Faculty prepare, support, and encourage students and preceptors 'to analyse and plan effective action and evaluate its effects on health disparities and diversity' (WFOT 2016). This is accomplished through fieldwork learning opportunities with equity seeking groups both within and beyond the U of T catchment area and through participation in LEAP placements.

Students have fieldwork learning opportunities throughout Ontario and Canada, including funded placements in Northern Ontario organized through the Northern Ontario School of Medicine. The Department's well-developed International Fieldwork Program has established relationships with a variety of international partners. Guidelines for the prioritization of international fieldwork opportunities are re-evaluated annually and shared with students. Current priorities align with those of the International Centre for Disability and Rehabilitation (ICDR) at the University of Toronto (see [www.icdr.utoronto.ca](http://www.icdr.utoronto.ca)). These opportunities are in lower and middle-income countries that have established partnerships with ICDR and the Department. In addition to ICDR placements, the Department has fieldwork program exchange agreements with a number of universities outside Canada, for example in the countries of The Netherlands, Hong Kong, Sweden, and Israel.

As noted above, all students must complete a LEAP placement during one of their fieldwork courses. These learning opportunities are outlined below.

- **Role-emerging Placements:** Students are placed in an organization where there is no established occupational therapy program or role. These are often organizations working with marginalized groups or addressing health disparities. Students on these placements have two preceptors: an on-site non-OT professional and an off-site OT practitioner.
- **Role-enhancing Placements:** Students are placed in an organization where there is an established occupational therapy program or role, but occupational therapy services could be enhanced to better serve clientele. Students on these placements have an on-site OT preceptor that is on staff at the organization.
- **Leadership Placements:** Students are placed in an organization where there is an established or newly established unique occupational therapy role and/or with a health or social system leader who is also an occupational therapist. Preceptors are leaders within the profession, practice setting, or organization.

## VII. Interprofessional Education Curriculum

**Guiding Principles:** The University of Toronto Interprofessional Education (IPE) Curriculum is designed to develop competencies outlined in the *Canadian Interprofessional Health Collaborative Competency Framework* and address the roles of Collaborator and Communicator as described in the *Profile of Occupational Therapy in Canada (2012)*. *These descriptions align with the competencies of the University of Toronto IPE curriculum.* The IPE course content is embedded in the two-year OCT1190Y Mentorship and IPE course. The completion of all IPE expectations is tracked by course faculty.

### **Leadership and Oversight**

The Centre for Advancing Collaborative Healthcare and Education (CACHE) provides leadership for and coordination of the IPE curriculum (<http://www.ipe.utoronto.ca/>). The Mission of the Centre is to provide health and social care students with the core competencies needed for the provision of interprofessional, evidence-based care in a collaborative, team practice environment, and to further establish the University of Toronto (UT), the University Health Network (UHN), and partners as a national and international leader in interprofessional education.

The CACHE curriculum team works in collaboration with the Interfaculty Curriculum Committee to develop, implement and evaluate the IPE curriculum. CACHE Curriculum Portfolio team members include: the Associate Director, Academics (0.5FTE) (Prof. Sylvia Langlois, Associate Professor, Occupational Science and Occupational Therapy), the Manager, Curriculum and Education Innovation (0.5FTE), Coordinator, Communications and Community (0.5FTE), and Integration Lead, Collaborative Healthcare and Education (0.5 FTE).

The IPE curriculum has input and oversight through all health professional programs via the Interfaculty Curriculum Committee. This committee, with representatives from each of the twelve health and social science programs (Dentistry, Kinesiology and Physical Education, Medical Radiation Sciences, Medicine, Nursing, Pharmacy, Physical Therapy, Physician Assistant, Social Work and Speech-Language Pathology Spiritual Care), CACHE, student leaders from the Interprofessional Health Science Student Association, IPE Leaders from the practice community, patient partner committee co-chair, and an Indigenous community partner meets monthly to discuss the IPE Curriculum. Agenda items include curriculum direction, development, logistical issues, integration into program courses and evaluation. All members have voting privileges.

### **IPE Curriculum Progression**

The IPE curriculum is built on the *Canadian Interprofessional Health Collaborative competency framework addressing National Interprofessional Competency Framework*, addressing domains of role clarification, patient/client/community-centred care, team functioning, conflict resolution, collaborative leadership, and interprofessional communication. Sylvia Langlois sits on the national working group revising these domains; as a result, she has a thorough understanding of the proposed changes so early preparation for implementation is already underway.

### **Requisite Core Learning Activities**

1. First Year:
  - Teamwork: Your Future in Healthcare (includes completion of Introductory IPE modules and test)
  - Roles of Health Professions and Team Dynamics
  - Understanding Patient/Client Partnerships
2. Second Year:
  - Collaborating for Quality
  - Conflict in Interprofessional Life
  - Palliative Care Case-Based Discussion
  - InterFaculty Pain Curriculum (20-hour curriculum)
3. The IPE Clinical Placement Component occurs during fieldwork courses as described in section VI.
4. Completion of a minimum of three elective learning activities (ranging from single session to longitudinal full year certificate programs).



### **Elective Learning Opportunities**

CACHE has approved and manages approximately 50 unique elective learning activities, many of which are offered multiple times (see <http://www.ipecurriculum.utoronto.ca/> for details). Approximately half of the activities are offered at the university and half are offered at local teaching hospitals. These activities are developed and implemented through partnerships among the curriculum team at the Centre, university faculty representatives, clinical IPE leaders, student leaders, and patient partners. These learning activities draw from a pool of more than 800 trained facilitators who are committed to working with students as they develop collaborative competencies. Each of these activities has gone through a Centre-managed [approval process](#).

In addition, a two-term certificate program, Interprofessional Health, Arts and Humanities, is offered annually.

### **Communication with Students**

Students receive weekly emails informing them of upcoming learning opportunities. They register for the activities through an online registration system set up to ensure an appropriate mix of professions represented.

### **Tracking of Completed IPE Learning Activities**

All completed learning activities are entered into a database that both students and corresponding faculty can access. All students receive a Letter of Completion or Letter of Distinction (completion of more than two learning activities above the program requirements) upon meeting all IPE program requirements. In 2022/2023, 51 MScOT students received a Letter of Distinction.

### **Leadership Opportunities for Students**

These opportunities are available to all health profession students.

- Student Facilitator Program: Students attend a workshop (similar to one offered by the Centre for Faculty Development): following completion they are assigned two facilitation opportunities in which they practice their interprofessional facilitation skills and receive feedback from an experienced facilitator.
- Small Group Facilitation: There are many opportunities throughout the IPE curriculum for students to practice interprofessional facilitation of small groups. They receive additional training and support as needed for specific learning activities.
- Curriculum Working Groups: The IPE curriculum team values the input from learners. Students have the opportunity to co-create curricular activities with faculty and patient educators/advocates.
- Interprofessional Health Science Student Association (IPHSA): The IPHSA group is active and has approximately 45 leadership positions, including executive and sub-group roles. IPHSA is represented on the InterFaculty Curriculum Committee and meets regularly with the curriculum team. For both the 2021/2022 and 2022/2023 academic years a second year MScOT student participated as a voting member of the InterFaculty Curriculum Committee.
- Co-chair opportunities: In the upcoming academic year, curriculum working groups will begin offering opportunities for students to co-chair with a faculty member.
- Student-Led Environments (SLE): MScOT students participate in student-led experiences, described here (<https://ipe.utoronto.ca/student-led-environments-sle>). These are workplace-based opportunities where students work to address an identified gap in services while supervised by preceptors. One example is the *Student-Led Environments to Deliver Virtual Autism Supports for Wait-times (SLED-VAST)* program supported by the Ontario Autism Program Workforce Capacity Fund. Here students address the needs of parents and children waiting for services.

### **Leadership Recognition**

The Susan J. Wagner Student Leadership Award in Interprofessional Education is awarded to a graduating student who has demonstrated leadership, dedication and excellence through promotion and engagement of interprofessional education and care. In 2020/2021 and 2021/2022, a graduating MScOT student received this award.

### **Ongoing Curriculum Revision**

The IPE curriculum is in the process of being refreshed. Foundational principles, content, pedagogy, and delivery mode are being revisited by the InterFaculty Curriculum Committee and the CACHE curriculum team. We are working with an educational scientist, a leader in equity, diversity, and inclusion, or patient partners, students, and Indigenous partner to ensure that we have a curriculum that addresses collaborative competency development that is relevant for future practice.

### **Assessment**

The following assessments are integrated into course requirements in the MScOT curriculum:

1. Online quiz following completion of the Introductory IPE Modules. These modules introduce the collaborative competencies identified in the Canadian Interprofessional Collaborative Health Network framework.
2. Four IPE reflective papers on the following topics: #1: Understanding Patient/Client Partnerships in a Team Context; #2: Interprofessional Communication and Collaboration.
3. Interprofessional Competence Assessment: The assessment has been developed at the University of Toronto and is undergoing validation for broader dissemination.
4. Final portfolio assignment in OCT1190Y Mentorship and IPE course addresses development of the Collaborator and Communicator competencies
5. Students completing the InterFaculty Pain Curriculum are assessed using the *Pain Competence Assessment Tool* that has been validated for practitioners in the pain field. In 2022, faculty piloted the completion of this tool as an interprofessional student group representing a team. Initial results demonstrate that the application-based team assessments were significantly higher than assessments completed individually.

### **IPE Curriculum Evaluation**

The following evaluation components are currently in place:

1. Students complete evaluations of all IPE learning activities
2. One of the MScOT1220Y research projects involved the completion of a project exploring the impact of the IPE curriculum on graduates. This paper has been presented several times and now published (<https://encompass.eku.edu/jote/vol5/iss4/10/>). The methodology is now being applied to a similar project in Faculty of Pharmacy.
3. IPHSA Student Led Survey: IPHSA sends a survey to all health profession students to gather feedback on their organization and student satisfaction with the IPE curriculum. CACHE and the InterFaculty Curriculum Committee review all feedback as curriculum for the coming year is considered.

## VIII. Program and Curriculum Evaluation

**Guiding Principle:** *The **program evaluation** process is designed to be both formative and summative; occur informally and formally; take place routinely and on many levels; evaluate the program as whole and evaluate components; and consider and reflect multiple perspectives.*

**Guiding Principle:** *The MScOT program’s **curriculum management and evaluation** processes are designed to ensure that continuous quality improvement is occurring in order to ensure continued excellence.*

In 2019, the Program and Professional Curriculum Evaluation Committee (PPCE) was formed (as a sub-committee of the Professional Curriculum Committee) with the mandate of developing and providing oversight for all program and curriculum evaluation activities and ensuring that these activities meet the standards set by the Accreditation Credentialing Committee of the Canadian Association of Occupational Therapists. The PPCE identified three primary objectives for program and curriculum evaluation:

1. To offer a high caliber curriculum which is leading edge, comprehensive, cohesive, and responsive;
2. To optimize the MScOT student experience;
3. To graduate MScOT students deemed competent<sup>1</sup> to practice.

All program and curriculum evaluation activities are oriented towards meeting these objectives with details of the activities, process, output, indicators of achievement of objective and actions if indicators are not met detailed in the Program and Curriculum Evaluation Framework (PCEF) (see Appendix E of the 2017 Program and Curriculum Document June 2021 Revision). The PCEF also includes the timeline for each activity.

The evaluation activities taken together are

1. Both formative and summative;
2. Take place on many levels: by the Department as a whole, by the Professional Curriculum Committee (PCC), by subgroups of and individual faculty, and by students;
3. Evaluate the program and curriculum as whole and evaluate components;
4. Consider and reflect multiple perspectives including those of the faculty, clinical affiliates, students, and graduates.

Table VIII.1 shows the activities of the PCEF organized according to whether they are summative or formative in relation to each objective. Italicized activities in Table VIII.1 are also part of Program and Curriculum Evaluation and are incorporated into the PCEF.

**Table VIII.1 Evaluation components in PCEF provided by objective and type**

EVALUATION ACTIVITY	
FORMATIVE	SUMMATIVE
<b>Activities Related to Objective 1: To offer a high-caliber curriculum that is leading edge, comprehensive, cohesive and responsive</b>	
Curriculum retreat & 5-year curriculum review retreat	Updating of MScOT Program Curriculum Policies, Guidelines and Handbook
Maintaining currency of ATLAS	Updating of Courses Mapped to Roles
Term Coordination	UTM/UTSG Student Performance Comparison
Theme Leadership	Students receive a breadth of fieldwork experiences
Curriculum Constancy Activity	Students receive a breadth of IPE opportunities
Faculty are conversant with IT technology	

<sup>1</sup> As defined in the 2012 Profile of Practice of Occupational Therapists in Canada “as an occupational therapist that meets or exceeds the minimal and ongoing performance expectations and demonstrates the requisite knowledge, skills, and abilities for safe and effective practice of occupational therapy at the beginning of and throughout their career.”

<i>Course Evaluations (qualitative elements)</i>	<i>Course Evaluations (quantitative elements)</i>
<b>Activities Related to Objective 2: To optimize the MScOT student experience</b>	
IT hardware & software reviews	Fieldwork Site Accreditation
Student representation on Department Standing Committees	Dissemination of student funding
Student support	Comparison of UTM and UTSG student representation, student funding and use of student support
<i>IPE Student Satisfaction</i>	
<i>Student Surveys and Year 1 Student Feedback</i>	
<i>Alumni Longitudinal Survey</i>	<i>Alumni Longitudinal Survey</i>
<b>Activities related to Objective 3: To graduate MScOT students deemed competent*<sup>2</sup> to practice</b>	
	Annual Review and 5-year synthesis of NOTCE Exam Results
Annual and 5-year review of CBFE Fieldwork 4 evaluations.	Annual and 5-year review of CBFE Fieldwork 4 evaluations.
Annual and 5-year review of Exit Survey Competency Question Responses (from year 2 students)	Annual Review of Achievement of IPE Competencies
Comparison of CBFE evaluations, Exit Survey Responses and Achievement of IPE Competencies Across Campuses.	
Students' Professional Portfolio's	
<b>Activities Related to All of the Above</b>	
Cyclical External Program Reviews and CAOT Accreditations provide formative and summative feedback on the program.	
Informal feedback received from the GTA OT Practice Leader Network, and community representatives on Departmental Standing Committees	

The PCEF is understood to be a dynamic document that will change as the needs of the program and curriculum change. The last curriculum review undertaken in late 2017, led to a curriculum renewal and a major modification of the Curriculum. Table VIII.2 shows the renewed curriculum (timing and courses) scheduled for implementation beginning in 2019. Due to the onset of the global COVID-19 pandemic the revised curriculum was not fully implemented until the 2021-22 academic year. Given this, we expect our next major curriculum review to take place in 2026-27.

**Table VIII.2 Renewed Curriculum Implement with Cohort of Students starting in 2019 and fully implemented in 2021-22**

<b>Term 1/ Fall, Year 1(15 weeks)</b>	
<ul style="list-style-type: none"> <li>• 12 Weeks in Classes</li> <li>• 2 weeks Intro to Fieldwork</li> <li>• 1 week Exams</li> </ul>	OCT1111Y: Occupational Science: Foundations for Occupational Therapy OCT1131H: Occupational Therapy Practice I OCT1141H: Assessment in Occupational Therapy OCT1152Y: Musculo-Skeletal Foundations for Occupational Therapy Practice (2 terms) OCT1172Y: Neurological Foundations for Occupational Therapy Practice (2 terms) OCT1190Y: Mentorship & Interprofessional Education
<b>Term 2/Winter, Year 1 (16 weeks)</b>	
<ul style="list-style-type: none"> <li>• 14 Weeks Classes</li> <li>• 1 week Reading Week</li> </ul>	OCT1122Y: Research Approaches and Methods in Occupational Therapy (2 terms) OCT1132H: Occupational Therapy Practice II

<sup>2</sup> As defined in the 2012 Profile of Practice of Occupational Therapists in Canada “as an occupational therapist that meets or exceeds the minimal and ongoing performance expectations and demonstrates the requisite knowledge, skills, and abilities for safe and effective practice of occupational therapy at the beginning of and throughout their career.”

<ul style="list-style-type: none"> <li>1 week Exams</li> </ul>	OCT1152Y: Musculo-Skeletal Foundations for Occupational Therapy Practice (2 terms) OCT1162Y: Mental Health Foundations for Occupational Therapy Practice OCT1172Y: Neurological Foundations for Occupational Therapy Practice (2 terms)
<b>Term 3/Summer, Year 1 (13 weeks)</b>	
<ul style="list-style-type: none"> <li>7 Weeks Classes</li> <li>6 weeks Fieldwork</li> </ul>	OCT1100H: Applied Skills & Technology OCT1122Y: Research Approaches and Methods in Occupational Therapy (2 terms) OCT1113H: Enabling Occupation Across the Life Course OCT1220Y: Graduate Research Project OCT1183Y: Occupational Therapy Fieldwork 1
<b>Term 4/ Fall, Year 2 (15 weeks)</b>	
<ul style="list-style-type: none"> <li>7 weeks Classes</li> <li>7 weeks Fieldwork</li> <li>1 week Exams</li> </ul>	OCT1220Y: Graduate Research Project OCT1251H: Enabling Occupation with Children: Part 1 OCT1261H: Enabling Occupation with Adults: Part I OCT1271H: Enabling Occupation with Older Adults: Part I OCT1281Y: Fieldwork II
<b>Term 5/ Winter, Year 2 (16 weeks)</b>	
<ul style="list-style-type: none"> <li>9 weeks Classes</li> <li>3 days pain IPE</li> <li>1 week RW</li> <li>1 week Exams</li> <li>4 weeks fieldwork III (of 8 weeks)</li> </ul>	OCT1220Y: Graduate Research Project OCT1233H: Occupational Therapy Practice III OCT1252H: Enabling Occupation with Children: Part II OCT1262Y: Enabling Occupation with Adults: Part II OCT1272H: Enabling Occupation with Older Adults: Part II OCT1282Y: Occupational Therapy Fieldwork III
<b>Term 6/ Summer, Year 2 (18 weeks)</b>	
<ul style="list-style-type: none"> <li>4 weeks fieldwork III</li> <li>6 weeks Classes</li> <li>8 weeks Fieldwork IV</li> </ul>	OCT1220Y: Graduate Research Project OCT1236H: Transition to Occupational Therapy Practice ( <b>Implementation delayed until Term 6, 2022 due to COVID-19</b> ) OCT1282Y: Occupational Therapy Fieldwork III (cont'd) OCT1283Y: Occupational Therapy Fieldwork IV

<sup>[1]</sup> As defined in the 2012 Profile of Practice of Occupational Therapists in Canada “as an occupational therapist that meets or exceeds the minimal and ongoing performance expectations and demonstrates the requisite knowledge, skills, and abilities for safe and effective practice of occupational therapy at the beginning of and throughout their career.”

<sup>[2]</sup> As defined in the 2012 Profile of Practice of Occupational Therapists in Canada “as an occupational therapist that meets or exceeds the minimal and ongoing performance expectations and demonstrates the requisite knowledge, skills, and abilities for safe and effective practice of occupational therapy at the beginning of and throughout their career.”

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## Appendices

Appendix A: Educational Conceptual Framework

Appendix B: Faculty Curriculum Policies and Guidelines Handbook

Appendix C: 2022/23 Academic Year Curriculum Overview

Appendix D: MScOT Integration of the Conceptual Frameworks

Appendix E: Program Structure and Flow

Appendix F: Program Curriculum Evaluation Framework