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## **GOOD PRACTICE GUIDES AND CASES TO SUPPORT CURRICULUM DEVELOPMENT AND RENEWAL IN OCCUPATIONAL THERAPY**

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**THE UNIVERSITY  
OF QUEENSLAND**  
AUSTRALIA

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# An Introduction to Good Practice Guides and Cases to Support Curriculum Development and Renewal in Occupational Therapy

The *Good Practices Guides* were developed during 2011 as part of the Fellowship and activities undertaken with the Emerging Leaders' Network. These *Good Practice Guides* are consistent with the curriculum development framework which formed the basis for the Fellowship. The *Good Practice Guides* serve as a quick reference guide for curriculum leaders and academics undertaking curriculum design, renewal, review, and evaluation activities. While these were developed for use within occupational therapy the key principles described in these *Good Practice Guides* have relevance for other health professions and curriculum development and renewal more broadly. The *Cases* that accompany many of these *Good Practice Guides* illustrate how the curriculum development principles have been applied at various Australian and New Zealand universities within occupational therapy programs. The Figure below illustrates the curriculum development framework and table below identifies the titles of the 17 *Good Practice Guides* and the 13 *Cases* that accompany these. Refer to the Fellowship Final Report titled *Building capacity among emerging occupational therapy academic leaders in curriculum renewal and evaluation at UQ and nationally* for further information about the Fellowship activities.

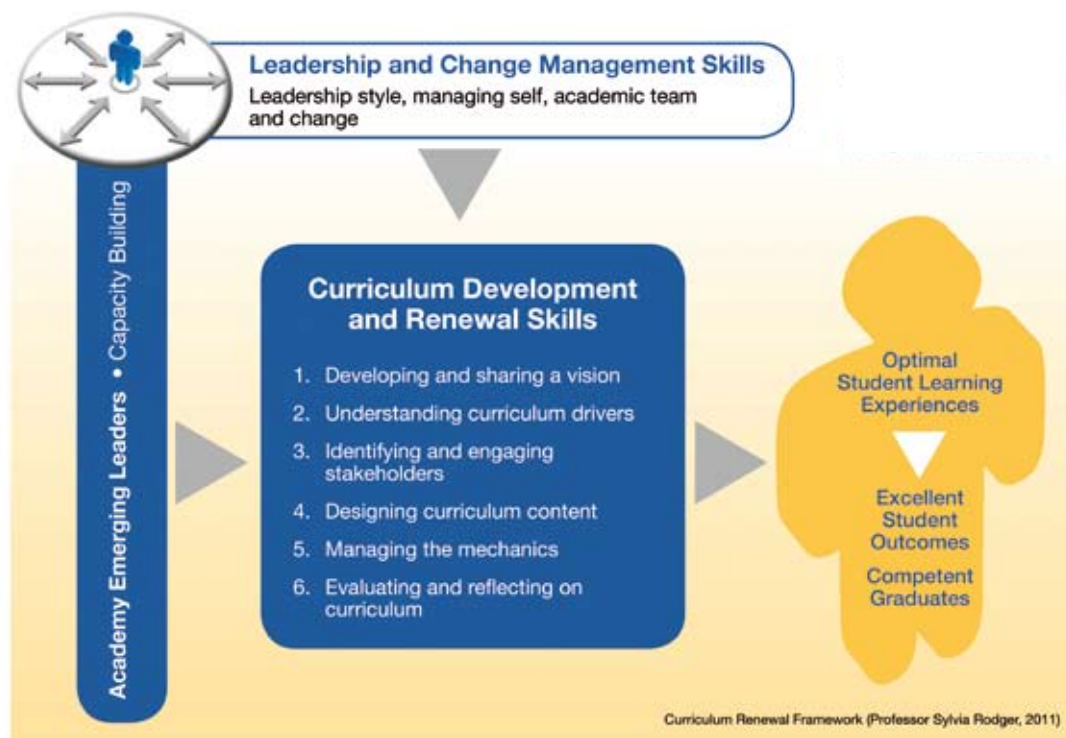


Figure 1. Curriculum Renewal Framework

<b>Curriculum Framework</b>	<b>Good Practice Guide Number and Title</b>	<b>Case Study to Support Good Practice Guide</b>
Curriculum Development and Renewal Skills	Good Practice Guide 1: Role of the Curriculum Convenor or Programme Director	
Curriculum Development and Renewal Skills	Good Practice Guide 2: Whole of Program Curriculum Design	
Leadership and Change Management Skills	Good Practice Guide 3: Principles of Curriculum Renewal and Change Therapy Discipline	Case Study Good Practice Guide 3: Curriculum Review Process in the Occupational at the University of South Australia
Leadership and Change Management Skills	Good Practice Guide 4: Curriculum Leadership and Occupational Therapy	Curriculum Case Good Practice Guide 4: Curriculum Leadership at Charles Sturt University
Leadership and Change Management Skills	Good Practice Guide 5: Developing a Community of Practice (COP) to Support Curriculum Reform	
Leadership and Change Management Skills	Good Practice Guide 6: Managing Yourself as a Curriculum Leader and Change Agent Managing Your Team	Case Study Good Practice Guide 6: Managing Self as Leader
Developing and Sharing a Vision	Good Practice Guide 7: Developing Your Team's Curriculum Vision	Case Study Good Practice Guide 7: Developing Your Team's Mission and Vision



<b>Curriculum Framework</b>	<b>Good Practice Guide Number and Title</b>	<b>Case Study to Support Good Practice Guide</b>
Developing and Sharing a Vision	Good Practice Guide 8: Developing Your Team's Educational Philosophy	Case Study Good Practice Guide 8: Educational Methods - Alignment of Assessment Tasks and Minimising Staff Marking Workload.
Developing and Sharing a Vision	Good Practice Guide 9: Developing Your Occupational Philosophy	Case Study Good Practice Guide 9: Developing an Occupational Philosophy
Developing and Sharing a Vision	Good Practice Guide 10: Using Social Networking Tools to Support Communities of Practice.	
Understanding Curriculum Drivers	Good Practice Guide 11: Curriculum Drivers in the Occupational Therapy Higher Education Context	Case Study Good Practice Guide 11: Knowing Your Curriculum Drivers - Charles Sturt University
Identifying and engaging with stakeholders	Good Practice Guide 12: Engaging Curriculum Stakeholders	Case Study Good Practice Guide 12: Stakeholder Advisory Committees
Identifying and engaging with stakeholders	Good Practice Guide 13: Engaging Consumers as Stakeholders in Curriculum Design and Reform	Case Study Good Practice Guide 13: Example of a Consumer Advisory Group at UQ
Designing curriculum content Managing the mechanics	Good Practice Guide 14: Determining Curriculum Content	Case Study Good Practice Guide 14: Case Example of Curriculum Vision Driving Coursework Structure, Sequence and Fieldwork: Integration of Vision for Graduates, Educational Philosophy and Local Context





Curriculum Framework	Good Practice Guide Number and Title	Case Study to Support Good Practice Guide
Designing curriculum content Managing the mechanics	Good Practice Guide 15: Curriculum Sequences from Gateways to Capstones	Case Study Good Practice Guide 15: Use of Portfolios in Capstone Courses
Managing the mechanics	Good Practice Guide 16: Transition Curriculum - Important Considerations for First Year Curriculum	Case Study Good Practice Guide 16: Enhancing the First Year Experience at UQ.
Evaluating and reflecting on curriculum	Good Practice Guide 17: Evaluating and Reflecting on the Impact of Curriculum Changes	Case Study Good Practice Guide 17: University of South Australia Evaluation and Reflection

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# Good Practice Guide 1: Role of the Curriculum Convenor or Programme Director

## Role of the Programme Director or Curriculum Convenor

Programme directors are often known as discipline leads, programme heads, discipline heads, curriculum convenors, programme coordinators amongst other terms. They are typically responsible for academic leadership in the planning, management, development, quality assurance and improvement, and growth of the academic programme in a discipline such as occupational therapy. They play a leading role in promoting and representing the programme within and external to the University and for developing and maintaining strategic relationships with external stakeholders and communities. Programme directors may also be heads of discipline, programme, departments or divisions/schools or they may report to Heads of School.

## Key Relationships

Program directors typically have to establish relationships with a range of individuals and groups within the University and externally including:

- Head of School
- Program academic team
- Year coordinators
- Strand (eg Honours) and course/subject/unit coordinators
- Faculty academic deans
- Professional staff in student support and administration
- Teaching and Learning Committee and its chair, secretary, members
- Learning and teaching unit/centre
- External stakeholders - professional association, registration boards, clinicians/supervisors, employers, community members
- Members of external advisory committee
- Students and year representatives
- Library staff and liaison team.

## Core Duties and Roles

These typically include:

1. Provision of academic leadership in relation to program management and promotion. Academic leadership covers: program and course development, design and delivery, staff and student interaction, student assessment, moderation, alternate assessment of those on modified programs, oversight of class timetabling and scheduling, and evaluation of teaching.
2. Leading quality assurance and improvement activities in relation to program review and evaluation.
3. Undertaking program and course development, design and delivery including assessment design, moderation and monitoring.
4. Ensuring attention to delivery of graduates who meet university graduate attributes and professional competencies.
5. Oversight of administrative tasks in relation to teaching and learning and student management systems.
6. Promotion of high quality teaching and learning practices.
7. Development of a culture of scholarship and excellence in teaching and student-centred learning.
8. Oversight of student progress in academic programs.
9. Provision of academic counselling and advice to students about program progression, exclusion, and support of their learning needs.
10. Contribution to marketing and recruitment of students.
11. Awareness of assessment procedures and policies, codes of good academic practice, academic integrity/plagiarism, confidentiality of student information, copyright, quality assurance and improvement, relevant legislation, code of ethics, program approval and amendment processes, dates for enrolment, census, withdrawal, examinations, course and program evaluation, teaching evaluation, and learning management systems.
12. Establishing and maintaining relationships with key stakeholders (employers, industry, professional associations, accreditation bodies, alumni, and graduates).
13. Ensuring accord with occupational health and safety (OHS), equal opportunity (EO) and affirmative action mandates with respect to student activities, teaching and learning matters, practice placements and staff employment.
14. Staff appraisal, performance and line management may or may not be part of these duties.

## References and Resources

University of South Australia (2009). Program Director Position Description School of Health Sciences. Adelaide: University of South Australia

University of South Australia (2011). Program Directors: A quick guide. A UniSA Learning Resource. Adelaide: University of South Australia

University of South Australia (2011). Course Coordinators: A quick guide. A UniSA Learning Resource. Adelaide: University of South Australia



## Good Practice Guide 2: Whole of Program Curriculum Design

This good practice guide identifies some principles for curriculum design at the whole of program level, for example the Bachelor or Masters of Occupational Therapy. Barnett and Coate (2005) describe of the domains of knowing, acting and being as overlapping circles of importance in curriculum design, especially in professional programs such as occupational therapy.



(Barnett & Coate, 2005)

**Knowing** refers to foundational or propositional knowledge. This encompasses information from the human sciences, occupational science, social sciences and biological sciences. It also involves experiential knowing - knowing in action, in situ, learning through experiencing and problem solving.

**Acting or doing** refers to skills and techniques (e.g., interpersonal/communication skills, splinting, manual handling, assessment skills) needed in the practice of occupational therapy.

**Being** refers to the intrapersonal skills, reflection, developing professional identity etc. that is critical to students during their journey from novice student of occupational therapy to graduate occupational therapist. Integration of being (self), knowledge and action domains through critical self reflection and self development is critical in professional programs such as occupational therapy. As well as being aware of these three inter-related concepts, there are some general principles of whole of programme design listed below.

### 1. Curriculum by Design not Default.

- a. Ensure curriculum design is informed and intentional and guided by a vision of the program as a coherent, developmental learning and engagement process for students.
- b. Curriculum leaders need knowledge of the following:
  - i. Content/discipline occupational therapy knowledge at appropriate higher order level such as research informed and practitioner informed contemporary knowledge.
  - ii. Program context such as national and international discipline trends, trends in higher education (assessment, design).
  - iii. University strategic plans, policies, priorities and quality processes.



- iv. Faculty and School strategic plans and priorities.
- v. External accreditation processes.
- vi. Student pathways from recruitment, enrolment, to registration as occupational therapists, work and further study options.  
*See Good Practice Guide on Curriculum Renewal and Change.*

## 2. Learning Focussed.

- a. Student learning needs to be at the centre of the curriculum - student engagement and high quality learning
- b. Curriculum designers need to know about:
  - i. Students and their resources and needs (e.g., demographics, expectations and aspirations, students experiences based on CEQ, AUSSE data, learning support needs, institutional support from library, IT, student services). *See Good Practice Guide 17 on Evaluation and Reflection.*
  - ii. Specific needs of first year students in transition to university.  
*See Good Practice Guide 16 on Transition Curriculum Renewal: First Year Curriculum Design.*

## 3. Consultative and Collaborative

- a. Consultation with all staff involved with design and review of individual courses/subjects as well as programme as a whole is critical.
- b. Include academics, sessional staff, professional/clinical and technical staff.
- c. Engage industry and professional occupational therapy clinicians, and advisory committees. *See Good Practice Guide 13 on Engaging Stakeholders.*

## 4. Aligned Backwards from Learner Outcomes

- a. Backward mapping from program and course level learning outcomes and graduate attributes.
- b. Explicitly align outcomes with assessment items, resources, teaching and learning activities, the learning environment including relationships between staff and students, and among students.
- c. Consider horizontal and vertical integration of professional competencies throughout the curriculum.

## 5. Explicit

- a. For programs and courses, the design should be explicit and communicated to relevant stakeholders through course outlines, student handbooks and marketing materials.

## 6. Accountable

- a. Curriculum designers need to comply with university and governmental requirements, annual reviews and reporting.
- b. Mapping of graduate attributes, assessment types, dates and OT Competency Standards for New Graduate Occupational Therapists (OT AUSTRALIA Ltd 2010) should be in place.

## 7. Creative

- a. While design principles and knowledge are important, curriculum designers' creative artistry is also important.

## References and Resources

Barnett, R., & Coate, K. (2005). *Engaging the curriculum in higher education*. London, UK: McGraw-Hill.

Occupational Therapy Australia Limited (2010). Australian Minimum Competency Standards for New Graduate Occupational Therapists (ACSOT). Retrieved April 3rd, 2011, from:  
<http://www.ausot.com.au/images/Australian%20Competency%20Standards%20Entry%20Level%20Elec%20Copy.pdf>

## Good Practice Guide 3: Principles of Curriculum Renewal and Change

Generally there are no step by step guides for curriculum review and reform within health sciences or allied health curricula. However there are some general principles that are prominent in the literature and described in this Good Practice Guide. Deliberative curriculum enquiry (Harris, 1993) considers the values and belief systems of the team and institution and profession, involves stakeholders and focuses on solving problems. It is a process of discussion of what to teach and how to teach where differing perspectives are presented and recommendations are made for long lasting change. Aspects of successful curriculum change have been described in relation to the **context, curriculum and processes** (Bland et al., 2000).

1. There is a need to build curriculum on **solid foundational philosophies** at the level of the institution and specific profession. *See Good Practice Guide 9 on Occupational Philosophy and Good Practice Guide 8 on Educational Philosophy.*
2. Successful curriculum change means developing programs which are appropriate to the **context and environment** (i.e., the culture, philosophies and goals of the school and university).
3. Successful change requires inclusion of **stakeholder perspectives** to ensure the context is well understood and a shared vision is developed *See Good Practice Guide 12 on Stakeholders and Good Practice Guide 7 on Curriculum Vision.* Other contextual factors which contribute to the success of curriculum reform include knowing about political sensitivities and the organisational structures.
4. Successful change also requires **agreement on the need for change and involvement of all team members** as active participants (Bland et al., 2000). *See Good Practice Guide 5 on Developing Communities of Practice.*
5. Successful characteristics for change from a **process perspective** include a co-operative climate, participation by the organisation's members, formal and informal communication, human resource development including training support and reward structures, evaluation and recognising the research performance dip that occurs while major curriculum change/renewal processes are taking place, as well as good leadership (Bland et al., 2000).
6. Developing a **curriculum coordinating committee** consisting of faculty and university staff, students, other stakeholders helps to engage faculty academics and key stakeholders. This is a frequently used and effective strategy. Discussions among smaller work groups, and delegation of individual tasks are mechanisms to encourage ownership, commitment and collaboration (Harris, 1993).
7. A **communication strategy** is required that maintains communication between the core Curriculum Coordinating Committee and the rest of the teaching team.

8. A shared and staged **process of change management** through communication, consultation and ownership and evaluation of all activities needs to be developed and agreed upon. See *Good Practice Guide 6 on Managing Yourself as a Curriculum Leader and Change Agent*.
9. **Engagement in curriculum collaboration** (Briggs, 2007, p. 685) can be encouraged through learning about and monitoring the curriculum together as a whole teaching team:
  - a. Mapping program content and aligning course sequences
  - b. Team teaching
  - c. Guest lecturing into others' courses
  - d. Developing and revising courses as a team
  - e. Informal or formal review of others' course profiles/proposals
  - f. Sharing curriculum relevant learning from meetings/workshops
  - g. Developing or revising department mission and objectives
  - h. Writing and implementing curriculum development grants
  - i. Sharing decisions re textbook adoption
  - j. Informal evaluation of peer's teaching
  - k. Engaging new staff in team culture and curriculum experiences
10. **Strong leadership** is required to manage the internal and external politics of change. See *Good Practice Guide 6 on Managing Yourself as a Curriculum Leader and Change Agent*.
11. **Curriculum change** is a process guided by a **number of principles** (Walkington, 2002, p.134):
  - a. Change is a journey not a blueprint
  - b. The process is non-linear and loaded with uncertainty
  - c. The process requires both individualism and collectivism
  - d. Requires both top down and bottom up organisational strategies
  - e. Process is only sustainable if connected with a wider community (stakeholders)
  - f. All curriculum team members are change agents
  - g. Contextual change is required for curriculum changes to take place
  - h. Evaluation is a necessary component of change.
12. One simple mnemonic for curriculum design is named C-U-R-R-I-C-U-L-U-M (Kalb, 2009). Each letter representing a phrase important in curriculum design:



C	Consider context
U	Understand learners
R	wRite goals
R	wRite objectives
I	Identify content
C	Choose methods and materials
U	Unite resources
L	Lead implementation
U	Undertake evaluation
M	Monitor outcomes

### References and Resources

- Bland, C.J., Starnaman, S., Wersal, L., Moorhead-Rosenberg, L., Zonia, S., & Henry, R. (2000). Curricular change in medical schools: How to succeed. *Academic Medicine*, 75(6), 575-594.
- Briggs, C. (2007). Curriculum collaboration: A key to continuous program renewal. *The Journal of Higher Education*, 78(6), 676-711.
- Harris, I. B. (1993). Perspectives for curriculum renewal in medical education. *Academic medicine*, 68(6), 484-486.
- Kalb, K. A. (2009). The Three Cs Model: The context, content, and conduct of nursing education. *Nursing Education Perspectives*, 30(3), 176-180
- Walkington, J. (2002). A process for curriculum change in engineering education. *European Journal of Engineering Education*, 27(2), 133-148.





## Case Study Good Practice Guide 3: Curriculum Review Process in the Occupational Therapy Discipline at the University of South Australia

When undertaking major curriculum reform/refresh projects, the occupational therapy team at University of South Australia has engaged in a process involving weekly meetings to address curriculum matters, one and two day retreats off campus, and half day workshops. When evaluating curriculum roll out when less intensive contact is required, meetings are scheduled fortnightly. It is an expectation that all staff members engage in these meetings and that those who are unavailable have a responsibility to refer to minutes and bring themselves up to speed with decisions/ discussions.

According to Sue Gilbert-Hunt it is important to remember that curriculum reform is an iterative process, it takes time, staff commitment, and establishment of some group rules and processes. Another important principle that has served the Uni SA team well is the recognition that no one staff member 'owns' a course, the course coordinator has responsibility for a course but does not 'own' it as such. This enables buddying of staff around courses so that there is in built succession planning and several people are involved with delivery of all courses. This reduces loss of corporate knowledge with staff changes and reinforces the concept of curriculum development as a collective endeavour.

In addition it is important for programme directors/convenors to manage the dynamics of power and relationships in team work as teams inevitably contain a mix of older and newer staff with various perspectives, vested interests, and varying corporate history of the success or otherwise of previous change processes. Program directors need to manage change and mediate conflict (e.g., overcoming resistance through recognising skill sets, seeking people's expertise as a method of engaging them, depersonalising issues, tolerating discomfort [storming is normal], looking at the rationale for different approaches, critiquing these, allowing time to come back to decisions when consensus is not able to be reached). Decisions about whether consensus or majority decision making is to be used need to be made and to be clear to the team.

Some of the key activities in the major reform projects undertaken over the past 10 years at Uni SA that have been successful include:

- Visioning exercises - what do we want our graduates to look like?
- Identification of team values in relation to engagement with one another as well as in relation to occupation.
- Team building exercises to develop trust and safety within the group to allow for debate and discussion at a deeper level.
- Discussion about educational methods (e.g., use of PBL, context based learning and more recently Team Based Learning).
- Development of PBL cases across courses - matrices to cover conditions, ages/stages across life span, range of family/cultural situations; identification of triggers, facts, inferences, learning issues and potential resources.
- Up-skilling staff re educational methods such as facilitating and using PBL and focussing on process issues in learning during PBL vs outcomes.



- Discussion about processes to engage new staff with what becomes tacit knowledge amongst a team and that needs to be made explicit and transparent to new members.
- SWOT analysis of current program to ensure the 'good bits' are not lost and determine what stays the same?, what changes?, and how the changes are reworked/framed within new curriculum context?
- Developing frameworks for sequencing content - for example in one curriculum reform there was a focus on year 1 - working individually with clients, year 2 working with groups, year 3 working with communities; while in another iteration there was a focus on the context of where OTs work - year 1 - hospitals, year 2 other environments, and year 3 working in specific contexts such as mental health, work rehabilitation, community etc focusing on advanced integrated reasoning among more complex cases.
- After program approval, the 'nitty gritty' task of new course development has involved staff teams working in smaller groups with designated leaders who report back to the whole team re progress to enable collective decision making.
- As materials are developed these are kept in folders, and on a shared computer drive so that all staff have access to materials, lectures, power points, templates, marking guides, rubrics, feedback from students, course evaluations.
- Mapping of learning objectives in individual courses against Bloom's taxonomy and collective critiquing of these leading to better refinement of objectives, and associated assessment tasks and learning activities.

***Based on Interview with Sue Gilbert-Hunt, Programme Director Discipline of Occupational Therapy University of South Australia***



## Good Practice Guide 4: Curriculum Leadership and Occupational Therapy

Scott, Coates & Anderson (2008) investigated academic leadership in learning and teaching and developed a framework identifying capacities and competencies required of academic leaders. These include personal, interpersonal and cognitive capabilities as well as generic and role specific competencies.

**Personal capabilities** include understanding strengths and limitations, having balance, remaining calm under pressure and deferring judgement.

**Interpersonal capabilities** include influencing behaviour and decisions in effective ways, understanding different groups at the university and their influence, motivating others, giving and receiving feedback, listening to different points of view and empathising with students and others.

**Cognitive capabilities** include recognising problems, issues and patterns, thinking strategically, and being flexible and responsive. The generic and role specific competencies include teaching and learning, university operations and self organisational skills (Scott, Coates & Anderson, 2008).

Curriculum leaders need to:

- Be self aware professionally and emotionally,
- Develop an awareness of interaction with others,
- Stay focused and true to the team's vision and purpose,
- Understanding the leadership role and the key people,
- Take control of time and workload,
- Listen to course/subject/unit coordinators, staff and students,
- Develop a support network including mentors,
- Identify how to sustain personal resilience and to identify the positives in situations

(Kezar et al., 2007, Kezar & Lester, 2009; Southwell et al., 2008).

Goleman et al. (2004) presented a strong case for cultivating emotionally intelligent leaders based on research with 3,870 executives in a wide range of work environments. They focussed on four domains of emotional intelligence, namely self-awareness, self-management, social awareness, and relationship management which contribute to resonant leadership. Hence the intra and interpersonal skills of leadership need to be in sharp focus.

Vilkinas & Cartan (2001, 2006) and Vilkinas et al. (2009) developed an Integrated Competing Values Framework that identified five operational roles - developer, innovator, broker, monitor, and deliverer. The innovator is creative and encourages, envisions and facilitates change. The broker develops, scans and maintains networks and acquires needed resources. The deliverer is work focused, motivates behaviour, sets goals, clarifies roles, engages in scheduling, coordination and problem-solving. The monitor sees rules and standards are met,



collects and distributes information, and checks on performance. The developer is aware of individual needs and facilitates development and develops teams. Recognition of these roles within an academic context can assist leaders to utilise the strengths of the team.

Scott, Coates & Anderson (2008) worked with academic leaders and identified a series of strategies for leadership in teaching and learning contexts including:

- Listen to what others have to say is the most relevant and feasible way to address a learning and teaching issue that requires attention but always with a 'menu' of proven options.
- Link what has been said into a practical, owned, achievable way of acting on the chosen option.
- Lead the implementation of the change in ways consistent with findings to date.
- Listen to 'resistors'. They can identify many of the 'trip-wires' that must be overcome. This helps to positively handle disengagement.
- Be accessible to staff but within explicit and agreed parameters.
- Remain calm when things go wrong, avoid engaging in blame by focusing on the problem not the individual.
- Confirm any agreed area for action with the people concerned by email, after discussing what is to be done personally with them.
- Set up agreed and clear expectations of what needs to be done, by whom, with what support and against what tests at the outset.
- Recognise that all change is a learning process and that what motivates students to engage with change (learning) is what will motivate staff.
- Keep in mind that context and culture count; that change, like learning, is a profoundly social experience, and that one's peer group is an important source of motivation (or de-motivation) and support.
- When calling a meeting make sure it is carefully chaired with a sharply formulated agenda and an evidence-based, action focus.
- Always model the values and approaches you want others to adopt in your own behaviour -'practice what you preach'.
- Tell staff what really counts, what the key focus for change is in their area, why it is necessary, and what is the important role that they are to play in actioning it.

Other great leaders of our time such as his Holiness the Dalai Lama (2009) have reflected on the role of mindfulness in leadership. He proposed seven key principles of leadership.

*Understanding principles and causes.* This refers to leaders being aware of the duties, responsibilities and the challenges faced within their role, being able to identify the causes of problems and the principles for solving them.



*Understanding objectives and results.* Leaders know the meaning and objectives of the principles they abide by; they understand the tasks undertaken and the reasons behind their actions.

In occupational therapy language, this is about understanding the tasks or occupations required by leaders.

*Understanding self* - one's strengths, abilities and virtues as well as their weaknesses and those of the (group). This incorporates good self management skills from the perspective of knowing and managing self within the work environment. This requires on-going personal development, insight and the ability to balance the many demands associated with the different occupational roles experienced on a daily basis.

*Understanding moderation* in speech, work and action for the benefit of the organizational unit.

*Understanding the occasion and efficient use of time* including discernment of important issues and their prioritisation.

These could be classified as understanding of the person - the leader as self.

*Understanding the organization* and its rules and regulations, culture and traditions.

*Understanding people*, individual differences, how to relate to people effectively, and how to encourage, provide advice and appropriate feedback.

These last two principles refer to understanding the environment (social, cultural, institutional, temporal, human/non human). The contemporary occupational paradigm (Molineux, 2011) that keeps the person, occupation and environment in clear focus is very consistent with contemporary thoughts about leadership (Rodger, 2011).

## References and Resources

- Dalai Lama XIV, & van den Muyzenberg, L. (2009). *The Leader's Way: The art of making the right decisions in our careers, our companies, and the world at large*. Portland, OR: Broadway Books.
- Goleman, D., Boyatzis, R., & McKee, A. (2004). *Primal leadership: Learning to lead with emotional intelligence*. Boston, MA: Harvard Business Press. (ed.). Philadelphia: F.A. Davis.
- Kezar, A., & Lester, J. (2009). Supporting faculty leadership grassroots leadership. *Research Higher Education*, 50, 715-740.
- Kezar, A., Lester, J., Carducci, R., Gallant, T. B., & McGavin, M. C. (2007). Where are the faculty leaders? *Liberal Education*, 93(4), 14-21.
- Molineux, M. (2011). Standing firm on shifting sands. *New Zealand Journal of Occupational Therapy*, 58(1), 21-28.



- Rodger, S. (2011). *Leadership from an occupational perspective: Celebrating our territory*. Sylvia Docker Lecturer presented at the 14th National Occupational Therapy Association Conference. 28 June to 1 July 2011. Gold Coast, Queensland, Australia.
- Southwell, D., West, D., Leader, T., & Scoufis, M. (2008) *Caught between a rock and several hard places: Cultivating the roles of the Associate Dean (Teaching and Learning) and the Course Coordinator: A framework for developing an institutional leadership in teaching and learning program*. Strawberry Hills, New South Wales. The Carrick Institute for Learning and Teaching in Higher Education.
- Scott, G., Coates, H., & Anderson, M. (2008) *Learning leaders in times of change: Academic leadership capabilities for Australian Higher Education*. University of Western Sydney and Australian Council for Educational Research. Retrieved April 15, 2011, from [http://www.acer.edu.au/documents/UWSACER\\_CarrickLeadershipReport.pdf](http://www.acer.edu.au/documents/UWSACER_CarrickLeadershipReport.pdf)
- Vilkinas, T., & Cartan, G. (2001). The behavioural control room for managers: The integrator role. *Leadership & Organization Development Journal*, 22, 175-185.
- Vilkinas, T., & Cartan, G. (2006). The integrated competing values framework: Its spatial configuration. *Journal of Management Development*, 25, 505-521.
- Vilkinas, T., Ladyshevsky, R., & Saebel, J. (2009). *Academic leadership: Building capacity [Facilitator's guide]*. Chippendale, New South Wales: Australian Learning and Teaching Council.





## Curriculum Case Good Practice Guide 4: Curriculum Leadership at Charles Sturt University

Michael Curtin has been Course Coordinator of the occupational therapy bachelor degree at Charles Sturt University since 2005. During this time he has worked with the occupational therapy academic teaching team to overview the curriculum, complete internal University CSU curriculum review processes (five yearly), and OT Australia Limited Reaccreditation processes. The program also changed its name from being a Bachelor of Health Sciences (Occupational Therapy) up to end of 2011 to Bachelor of Occupational Therapy 2012 with changes to the positioning of fieldwork courses and relocation of core curriculum content.

Michael provides some advice about managing curriculum reform and renewal processes and curriculum leadership:

1. Curriculum change takes time (often longer than you think). Recognise the investment of time that is needed by all members of the team and how this impacts on workload.
2. Change processes require ensuring that everyone is on the same page, clear about the purpose and reasons for change. Staff will be suspicious of change for the sake of it. You need to work to get staff on board.
3. Listen a lot and don't assume that you have all the answers. Let people's voices be heard through listening to their issues.
4. Sometimes you need to sow the seeds for change, and slowly wait for them to grow.
5. Whenever you propose changes ensure that you have the data to evidence the need for change (such as student feedback, course evaluation data, information from the staff team, perspectives of clinicians, benchmarking with other programs/ universities).
6. Processes for engaging students in providing feedback might involve meeting with all year level groups and asking them to address questions such as - what three things are going well with the course at this year level? What three things are not going so well/might you like to change? This can usefully be done with staff as well. Annual evaluation of students' feedback from each year level can be fed back to staff in a neutral way if undertaken by someone removed from the immediate teaching of students and with whom they can canvass issues.
7. Curriculum review processes can be implemented such as (a) end of semester mini reviews of all courses taught with course coordinator reflection and presenting to staff with peer feedback and discussion; (b) more detailed year level curriculum review days at end of each year for peer discussion about changes, modifications, assessment processes, mapping and rewriting course outlines for the next year.
8. Having some curriculum retreats off campus with plenty of time for discussion, with staff away from their desks/immediate responsibilities, and environment conducive to rethinking and valuing people's input and contribution can be valuable.
9. Ensure major curriculum discussions occur on days when all staff including part time staff members are available for consultation and can be part of the decision making process.
10. Engender collective ownership of the curriculum and engagement in change processes through joint decision making, peer review processes and creative problem solving.
11. Be clear that not everyone will get what they want and that compromise will be required.



12. Clear justification and provision of the rationale for changes must be evidenced and presented. It is not just about one person's opinion!
13. Sometimes you need to stand your ground and work with the team to creatively view how things might be changed.
14. Be aware of power/authority and team relationships.
15. Identify and build on existing team and curriculum strengths. Rarely is it the case that the whole curriculum needs to be thrown out! Help stakeholders identify what is going well and what strengths need to be built on.
16. When faced with confrontation or times of getting 'stuck' in change processes, it helps to depersonalise the issue/s and share ideas to enable creative problem solving.

***Based on Interview with Associate Professor Michael Curtin, Course Coordinator Occupational Therapy, Charles Sturt University.***



## Good Practice Guide 5: Developing a Community of Practice (COP) to Support Curriculum Reform

### Communities of Practice

Communities of practice are groups of people who share a concern or passion and deepen their knowledge and expertise in this area from ongoing interaction with others (Wenger, McDermott & Synder, 2002). They can take many forms and may involve members from one organisation or from many organisations however a community of practice has several characteristics which make them unique. These include:

- Community - A self-organising group which agrees on the focus of the group, goals and the form of working and sharing ideas.
- Domain - The group deals with a theme of common interest. Examples of domain specific groups include early career faculty, graduate students, specific teaching topics and specific areas of professional knowledge.
- Practice - Members of a community of practice share their combined resources, including their experiences, stories and tools. Communities of practice bring together a wealth of information where members can share their experience to solve problems.
- Motivation - Members must have a professional interest or passion to be involved in the group and cannot be mandated or instructed to be involved by their organisation.
- Mandate - An organisation however must in their mandate show interest and commitment towards the community or practice
- Structure - Must be a balance between formal and informal structure.

(SDC, 2009)

Communities of practice are comprised of three layers, an inner core who manage and organise the group and participate regularly, an active group who attend regularly but do not contribute as often as those in the core group and then there is a peripheral group who are interested but do not participate as often (Wenger et al., 2002).

### Your Curriculum Team is a Community of Practice

Communities of practice provide opportunities for sharing of knowledge and resources. Benefits include:

- Increased networking
- Increased research outputs in learning and teaching scholarship
- Transfer of knowledge between younger and older staff
- Re-energizing and re-engaging staff thus improving staff morale
- Provides opportunities for problem solving and develops new capabilities in members
- Best practice is enacted and standardised practice can develop
- Increase talent
- Produce time savings



- Ensure mistakes are avoided and
- New knowledge is created (Reaburn, 2009).
- Allow organisations to attract and retain the best staff (Wenger et al., 2002)
- Improve student learning (Beach & Cox, 2009)

### Developing a Community of Practice?

The Swiss Agency for Development of Cooperation (SDC) (2009) suggested six stages in developing Communities of Practice

1. Creation - express an interest/need to interact with peers
2. Development - start small with discussion with a core group to discover a common interest
3. Growth - contact other potentially interested people, by phone, email or informally at workshops, conferences etc.
4. Focused adventure - design the interaction in terms of time and place. Meetings, discussions on electronic platforms, contributions to journals. Organise the core group (owner, convenor, facilitator, experts) and organise inner and outer groups.
5. Operational - organise workshops and face to face meetings on core topics on interest. Work to create products and outcomes. This phase of living and learning with CoP can last up to several years or decades.
6. Celebration - the community phases out when the domain of the CoP is becoming less relevant. Celebrate what has been achieved.

Wegner et al. (2002) also described seven principles for cultivating communities of practice

1. Communities evolve over time, therefore design for evolution - Start with little structure, for example problem solving meetings or a community coordinator.
2. Open a dialogue between inside and outside perspectives - Insiders have a good understanding of the groups' potential to develop and outsiders have ideas about what groups should achieve and help to see new possibilities.
3. Invite different levels of participation - coordinator, core group, active group, peripheral members, and those who are outsiders to the group (those not involved but have an interest). These levels of participation change over time for members.
4. Public and private community spaces - ensure a range of interactions. Public spaces include face to face meetings and online web groups and private spaces are individual one-on-one networking. A common mistake is to have too many public meetings.
5. Focus on value - create events, activities and relationships that allow the value of the group to emerge.
6. Combine familiarity and excitement - offer a range of familiar activities/ tools, but also provide divergent thinking and activity



7. Create a rhythm for the community - regular meetings, teleconferences, discussion and meetings online. Must find a balance of activities, not too fast to overwhelm members and not too slow where the community is sluggish and little is achieved.

(Wenger et al., 2002)

### Challenges for Communities of Practice

Communities of practice can experience many challenges and it is unlikely that they can all be avoided. It is therefore important to be mindful and watch for their development, taking a pro-active approach when problems arise (Wenger et al., 2002). A range of challenges have been described by Wenger et al. (2002) these include (but are not limited to):

- Communities can become closed to new ideas and are reluctant to critique each other. This can be a barrier to new comers to the group.
- Communities can develop a sense of ownership over knowledge, this can lead to arrogance where communities feel their perspective on the domain should prevail and that their domain is more important than others.
- Communities who are marginalised, where members have a shared discontent become places to share frustrations and gripes rather than enacting change.
- Some communities can suffer internal wars, where disagreements between members can consume the group.
- Relationships between members can become too strong, where the group becomes exclusive, it is difficult for new members to join and members are likely not to critique each other.
- Too much dependence on the coordinator or on a central leader makes the group vulnerable if this person leaves. This also decreases the diversity of perspectives in the group.
- When leadership is not shared and distinct classes of the group develop, it is difficult for the group to have a shared identity
- A community can be too large or dispersed to actively engage members, people may sign up but not contribute or honour their commitments.
- Barriers to outsiders can develop when communities develop specialised methods, environments and use technical jargon.
- Some communities can focus too heavily on documenting, where the group begins to see its purpose as producing documents.
- Other communities do not document enough. Where ideas are continually re-worked and discussed leading to an unproductive group.
- A reluctance to change hinders groups, where they became set in their ways and are hesitant to accept outside perspectives.



## References and Resources:

- Beach, A., & Cox, M. D. (2009). The impact of faculty learning communities on teaching and learning. *Learning Communities Journal*, 1 (1), 7-27.
- McDonald, J., Collins, P., Hingst, R., Kimmins, L., Lynch, B. & Star, C. (2008). Community learning: Members' stories about their academic community of practice, in *Engaging Communities, Proceedings of the 31st HERDSA Annual Conference, Rotorua, 1-4 July 2008: pp 221-229*.
- McDonald, J. & Star, C. (2008) The challenges of building an academic community of practice: An Australian case study, in *Engaging Communities, Proceedings of the 31st HERDSA Annual Conference, Rotorua, 1-4 July 2008: pp 230-240*.
- Reaburn, P. (2009). *Communities of Practice at CQ University*. Rockhampton: CQ University.
- Swiss Agency for Development and Cooperation (SDC). (2009). *Communities of practice - from own to shared knowledge*. Accessed June 6, 2011. [http://www.communityofpractice.ch/en/Home/Communities\\_of\\_Practice](http://www.communityofpractice.ch/en/Home/Communities_of_Practice).
- Wenger, E., McDermott, R., & Snyder, W. M. (2002). *Cultivating communities or practice*. Boston, MA: Harvard Business School Press.





# Good Practice Guide 6: Managing Yourself as a Curriculum Leader and Change Agent and Managing Your Team

## Introduction

Managing yourself as a curriculum leader requires you to look after yourself and your team's wellbeing, particularly during a process of change. Development or redevelopment of curriculum can be a stressful time as it involves managing change processes. It is important to recognise that curriculum design or redesign takes time and energy as well as whole of staff commitment. To cope with the added demands it is important to recognise your own stressors and create some occupational balance.

## Managing Yourself

### Know the Critical Timeframes

**Knowing the deadlines:** In the process of curriculum development there are timelines that have to be adhered to. Knowing these in advance of the process can reduce stress as a strategic plan can be built around these and workloads can be adjusted in advance for both yourself and the team.

**Where do I find the timelines?:** Timelines will be determined by your University's structure for curriculum approvals; this usually takes the form of different levels of approval for example, at School, Faculty, and Senate. A general/professional staff member is usually responsible for this process within each faculty - invite this person to be a key part of your team. In your curriculum plan allow sufficient time for drafts, and rewrites of the necessary documents. For example, there will be a minimum timeframe that allows changes to be approved for programmes that start in each semester. Remember that once the curriculum changes are approved they will need to be uploaded and documented in all your university's systems.

### Rules of Engagement for Strategic Planning

Once you have determined the timeframes, you need to manage yourself and act as a change agent. Hence you need to know the 'rules of engagement'; you need to know what drives international, national and local curricula (<http://www.wfot.org/>; <http://www.ausot.com.au/>); the rules within your university (models of degrees, number of services courses), time frames for university internal approvals, and timeframes for Occupational Therapy Australia for accreditation processes.

This information allows you and your team to develop a strategic plan that includes deadlines for information and drafts - it provides you and your team with a roadmap. The strategic plan needs to include documentation drafts for completion and distribution. Team members need to know these in advance to prepare their draft sections and provide feedback on drafts written by others.

### Surviving and Thriving in your Role as a Curriculum Leader

**Get role and resource clarification:** Get to know the senior and significant people with whom you need to collaborate. Arrange regular meetings with them to negotiate and gain clarity on organisational priorities, role expectations, supports and resources. Your relationship with your line supervisor is particularly important in clarifying role expectations and priorities.



**Take control of your time and workload:** Ensure you have set sufficient time aside to plan. Work at managing yourself and do not over commit to day-to-day tasks. Ensure that you set realistic expectations. Where possible delegate strategically.

**Listen:** Meet with each course/subject/unit/ coordinator individually. Find out what works and what the challenges are. Remember to always consider the perspective of students and meet with student representatives periodically.

**Develop mutual support networks:** Find a mentor who has experience in being in the curriculum leadership role. Meet regularly with supportive senior staff (e.g. the associate dean learning and teaching or chair of the learning and teaching committee).

### Managing your Team

**Work overload:** When there are too many or too varied tasks, then work restructuring may be needed.

**Work underload:** If individual staff members do not have enough to do they feel undervalued and unimportant. Meet with them and establish the strengths they have that they may be able to bring to project planning, evaluation and development within your department/division/programme.

**Conflicting demands:** Frustration emerges when there are conflicting demands. For example, you cannot expect high research output when staff have a heavy teaching workload and extra commitments with curriculum redesign. Ensure that you are familiar with individual staff member's workloads and negotiate expectations upfront.

**Responsibility without control:** Being given a project to manage but not having any control or accountability for the team involved in executing the project can lead to conflict. Incorporating accountability structures can help reduce this conflict. Gaining support of formal leaders is critical.

**Win-lose situations:** While competitive systems of reward may be useful, they can result in even excellent performers feeling unappreciated. Many schemes reward top performers, but leave out individuals who have performed at exceedingly high levels, but just not as high as the winner(s). Resentment and frustration emerge as a result which can lead to conflict. Instead, consider celebrating all achievements and ensure that all team members feel valued.

**Line management and staff conflict:** Ensure that the lines of reporting are clear to all staff involved and that there are clear lines of delegation and responsibilities to prevent staff conflict.

**Dead-end jobs:** Administrative positions without potential for promotion, raises in pay or change of routine may cause conflict because of the frustration and boredom they can create. As a result, these people may seek opportunities for recognition and become difficult in their work with others.



## Strategies for Managing your Team

In managing your team, Heifetz's Adaptive Leadership Model can be applied (Coakley & Randall, 2006).

**Identify the challenge:** Is it one that requires a technical or adaptive solution? If it is an adaptive issue such as moving to a new course credit structure and requires alterations in content and assessment across the program, then clearly more parties are going to have to become involved in the process.

**Deconstruct issues:** Key issues must be identified and communicated to the stakeholders. In the case of the new credit structure, participants need to understand why the change is needed, what is involved with respect to course delivery and how it will impact on their teaching and assessment.

**Framing the issues and focusing attention:** Key issues must be clearly articulated and a process developed to address them that remains focused on the needs of the course/programme.

**Secure ownership:** Deep and long term change will only occur if stakeholders take ownership of the issue and develop solutions. We therefore need to develop strategies that get people involved and interested in the change management initiative.

**Maintain stakeholder's interest and manage stress:** Change is usually resisted and leadership requires that conflict and inaction are addressed and managed while planning and maintaining a course forward. Ensure there is good communication and information flow to keep people aware of issues and progress.

**Create a safe haven:** Space must be created to allow people with disparate perspectives to be heard while minimising the impact on people's working lives. Acknowledge people for their ideas. Celebrate progress. Try and adopt a high-risk low-blame culture. Apply problem-solving tools to create this safe space to explore new ideas. Accept risk.

## Being an Agent of Change

Facilitating change involves both people and processes. When you facilitate change, there needs to be a process for assisting people to:

- adapt to changes in their environment,
- adopt new ways of working,
- align to new curriculum drivers and measures.

A change agent is required to

- know about people and what drives them
- adopt approaches for planning and executing change
- utilise tools and techniques to facilitate the process of change



**Change agent processes:** If you and your team want to make revolutionary changes to the curriculum your timeframe needs to include sufficient time for debate and discussion. There needs to be transparency regarding how decisions will be made, by consensus, by vote etc.

**Acting as an agent of change:** As a curriculum leader you need to recognise that people react to change in different ways - the change process needs to be explicit so that the team understands the big picture and can see the end point. Try and identify different team members' working styles and create a process that allows everyone to be heard.

**Development of self-awareness:** The most challenging issue for leaders is what goes on inside you as much as what goes on outside. Consider the following:

- Leadership is a constant challenge of people projecting issues on to you and circumstances changing.
- Know yourself professionally and personally - emotionally and spiritually.
- Have a purpose but be flexible in the way you achieve your purpose.

**Develop awareness of the impact of self on others:** Realise that, as a leader, you set an example of how the primary task is delivered or honoured. It is important for leaders first to be able to manage their own emotional reactions to the uncertainty and discomfort (e.g., not to overreact, to tolerate the uncertainty, and to be able to remain calm). At the same time, as all key challenges of academic leadership have a human dimension, it is important to have a high level of interpersonal capability in order to better understand what is happening and to sort out what might work best to resolve the situation. Consider the following:

- How you communicate, the language you use and your body language is central to the message you relay.
- Find ways to sustain the hope of the people you are leading that the things they are doing are the right things and will get them where they need to be.
- Realise that you are a leader of learning as well as a leader of learners and staff.

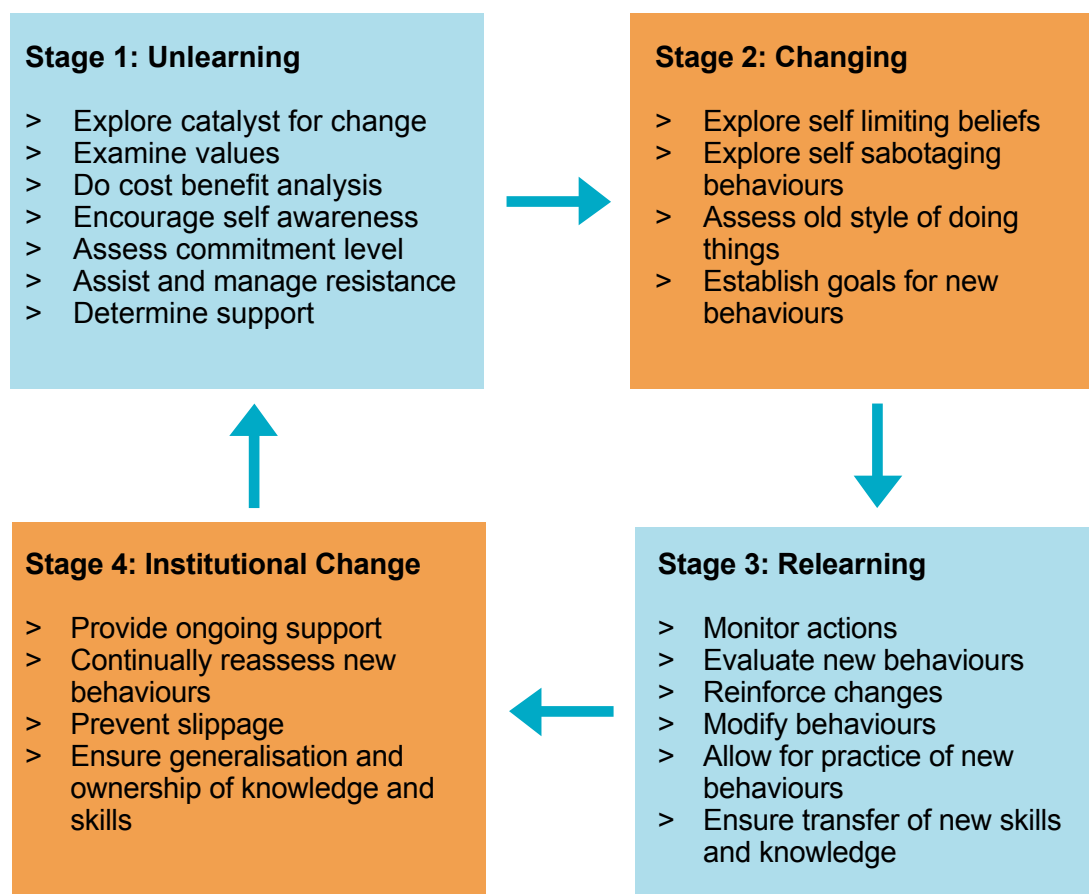
**Development of awareness of situations:** This refers to the ability to look ahead and think about what you are doing now and how it relates to what is going on in the future and the vision you have for the future. Consider the following:

- Know what is important, know how to respond to outside events, know how to appraise and respond to a series of different stimuli (government, university, etc.), know how to read the environment and make it a continuing cohesive narrative.
- Conserve your energy to fight for the "big stuff".
- Create and maintain a flexible learning environment based on flowing structures and highly adaptable individuals.
- Be aware of the ways in which technology will influence the education process and stay ahead of the game.



For the most part your role as a curriculum leader is to help your peers work through a process of change and development. Zeus and Skiffington (2002) describe this change process in four stages summarised below.

### The Four-Stage Model of Change (Zeus & Skiffington, 2002, p. 33)



People and organisations may be very resistant to change. This can be represented by five personal and six *organisational* factors (Robbins, Millett, & Waters-Marsh, 2004):



## Personal factors

**Habit:** Be aware of your own habits and those of others in your team. There is some truth in the expression, 'Old habits die hard'.

**Security:** Some individuals have a much higher need for security. If there are other stressors in a person's life, added change may threaten security needs further, thus creating resistance. This is often referred to as 'tolerance of ambiguity'.

**Economic factors:** There may be concerns that change will lower income, access to resources and hence result in increasing resistance.

**Fear of the unknown:** Like security, some individuals have a very low tolerance for ambiguity, hence, change that is bringing uncertainty can increase resistance.

**Selective information processing:** Everyone has their own worldview or map of their environment. When change threatens that map and how that individual has constructed their reality, information processing may become selective such that they only 'hear or see' what is of use to them.

**Revenge:** In some cases it may be personal revenge because people feel aggrieved and therefore put energy in to blocking the change. Alternatively, the resistance may take the form of a personal crusade because the change violates their values and they do not believe the change is in the best interests of the program, School or University.

## Organisational factors

**Structural inertia:** Large organisations like a University have systems in place that produce stability, but in doing so create inertia because even small changes become monumental tasks. For example, changing a software program in a small office is a minor change initiative compared to undertaking that kind of a change in an organisation as large as a University.

**Limited focus of change:** Changes in one area may be very hard to adopt by the larger organisation. For example, a very good change in one part of the University may not necessary filter through to the rest of the organisation because again, a larger more significant change to the University's operations is needed.

**Group inertia:** A larger group, such as a union, may resist individual changes thereby preventing certain initiatives being adopted by a few in favour of the group.

**Threat to expertise:** As organisational processes change, individuals may feel threatened because they feel a diminishment of their expertise. An example would be academic concerns that their teaching role will be diminished because of increasing online learning or changes to units and course structure.

**Threat to established power relationships:** Changes in operating structures affect power relationships and networks, hence, areas may resist change if they feel they will lose power or influence.





**Threat to established resource allocations:** Similarly changes in resources, particularly decreases in funding or enrolments, may also influence change as people work harder to hold on to their resources.

People will respond differently towards change based upon the above factors and based upon their position amongst their peers. By understanding some of these concerns and fears, curriculum leaders can manage the change process more effectively through communication strategies.

### Change Management Strategies

Below some change management strategies are listed (Scott, 2004):

- You cannot address every relevant change idea that comes along. Be selective.
- Change is a learning process—not an event—and the motivation of key players to engage in and stick with it is critical to successful implementation.
- A university's culture is a powerful influence on motivation.
- Change in one area of university activity typically triggers a need for change in other areas.
- Successful change is a team effort.
- It is necessary to focus simultaneously on the present and the future.
- Change is a cyclical—not linear—process.
- Need to look not just inside but outside the university for effective change solutions.
- Change does not just happen—it must be led.

### References and Resources

Carlopio, J., Andrewartha, G., & Armstrong, H. (eds.). (2001). *Developing management skills: A comprehensive guide for leaders*. (2nd ed). French's Forest: Pearson Education Australia Pty Ltd.

Carlopio, J., Andrewartha, G., & Armstrong, H. (eds.). (2005). *Developing management skills: A comprehensive guide for leaders*. (3rd ed). French's Forest NSW: Pearson Australia Group Pty Ltd.

Coakley, L. & Randall, L. (2006). Orchestrating change at the departmental level: Applying the process of adaptive leadership. *Academic Leadership*, 4 (2).

Crossan, M. M., Lane, H. W. & White, R. E. (1999). An organizational learning framework: From intuition to institution. *Academy of Management. Academy of Management Review*, 24(3), 522-537.

Joyce, B., & Showers, B. (1995). *Student achievement through staff development*. (2nd ed.) White Plains, N.Y.: Longman Publishers.



Neck, C. P. & Barnard, A. W. H. (1996). Managing your mind: what are you telling yourself? *Educational Leadership*, 53(6): 24-27.

Scott, G. (2004). Change matters: Making a difference in higher education (no. 4, pp. 35-51). *Proceedings of the Australian Universities Quality Forum, AUQF Occasional Publications*. Retrieved (n.d.), from [www.uws.edu.au/\\_\\_data/assets/pdf\\_file/0007/6892/AUQF\\_04\\_Paper\\_Scott.pdf](http://www.uws.edu.au/__data/assets/pdf_file/0007/6892/AUQF_04_Paper_Scott.pdf)

Robbins, R., Millett, B., & Waters-Marsh, T. (eds.) (2004). *Organisational behaviour*. (4th ed.) Frenchs Forest, NSW: Pearson Australia Group Pty Ltd.

Zeus, P., & Skiffington, S. (2002). *The coaching at work toolkit: A complete guide to techniques and practices*. Sydney: McGraw Hill.

### Additional Resources

[http://headington-institute.org/Portals/32/resources/Test\\_Self\\_care\\_inventory.pdf](http://headington-institute.org/Portals/32/resources/Test_Self_care_inventory.pdf)

ABC Happiness series

<http://makingaustraliahappy.abc.net.au/measurements.php>

Contemporary approaches to leadership challenges

[www.margaretwheatley.com](http://www.margaretwheatley.com)

Mindfulness

<http://scan.oxfordjournals.org/content/2/4/313.short>

[http://www.actmindfully.com.au/worksheets,\\_handouts,\\_book\\_chapters](http://www.actmindfully.com.au/worksheets,_handouts,_book_chapters)

<http://www.authentic happiness.sas.upenn.edu/Default.aspx>

[http://www.unc.edu/peplab/barb\\_fredrickson\\_page.html](http://www.unc.edu/peplab/barb_fredrickson_page.html)



## Case Study Good Practice Guide 6: Managing Self as Leader

Those in more senior leadership positions can provide good mentoring and advice for those in new curriculum leadership positions. Many current curriculum leaders interviewed during the ALTC Fellowship spoke of mentors they had worked with in their own professional lives and the tips they had picked up over the years. In asking Michael about what advice he would pass on to new curriculum/academic leaders he summarised the following:

1. *Don't feel you have to take on all the responsibilities. Remember to delegate tasks. The challenge is to decide what to delegate and what to keep hold of and this can take time to appreciate.*
2. *Focus on what you can do. Identify your sphere of influence and remember that you can't change everything all at once. Prioritising effort is critical.*
3. *Engage the rest of the staff in helping to prioritise so that they are engaged and they can take on some responsibility for decisions made about curriculum focus and priorities.*
4. *You can't always stay abreast of everything, so make sure you know where you can go and who you can ask to find out about issues quickly.*
5. *Recognise the role of curriculum leader is not a 9 to 5 job, it will take extra time, so try to negotiate your workload with supervisors.*
6. *Ensure you have time to refresh and think, for example going off email for the weekend can provide a break from the constancy of communication.*
7. *Managing email in blocks of time during the day such as after 3pm can help you not to be constantly interrupted during the day, especially when you need blocks of time for thinking/writing/meetings.*
8. *Quarantine some working/thinking time each week when you are fresh to manage curriculum design/thinking etc.*
9. *Limit what you are involved with so that you learn to say 'no'.*
10. *Find a mentor who can provide the right kind of support for you in taking on a new role.*
11. *Don't feel that you have to be good at everything and do it all. You might be the leader of a team effort but remember there is a team behind you. Work with them.*
12. *Be clear about what you want and how you can manage the job and try not to get immersed in everything. Prioritisation is critical. You can't do it all at once!*
13. *Know what things are feeding you and make you happy! Ensure you have some of these/do some of these each week - for example writing papers or keeping up to date with reading, or hands on teaching.*
14. *Don't get so caught up in 'fire fighting' that you don't have time for some creative (research) endeavours.*

**Based on Interview with Associate Professor Michael Curtin, Course Coordinator Occupational Therapy, Charles Sturt University**



# Good Practice Guide 7: Developing Your Team's Curriculum Vision

## The Purpose of a Curriculum Vision

Having a clear curriculum vision provides a solid foundation for the informed and contemporary development of curriculum. It has been described as a *précis or essence of your goal...capturing the essence of what [you] intend to achieve for [your] students* (Bond, n.d.). It guides what will become the content, the teaching learning processes, and the measure for self assessment (Bond, n.d.).

## Essentials Aspects to Consider in Developing a Curriculum Vision

An occupational therapy curriculum vision acknowledges the inclusion of the International Classification of Functioning, Disability and Health (ICF) with a focus on participation, activity, health and well-being. This is frequently required by professional program accreditation requirements. This vision will also take into account university specific graduate attributes. Additionally it must:

### 1. Be occupation focussed.

This is a fundamental concept and will be a critical strand within an occupational therapy curriculum vision. This strand will drive the substance of the curriculum content, processes, and outcomes. What is your team's occupational perspective? What are your agreed values and beliefs around occupation?

### 2. Be responsive and receptive to future institutional change.

This will be driven by the institutional context as institutional identity will inform the direction and focus of your vision. What is your institution's strategic priority and how does your vision connect with this? How does the curriculum align with the universities strategic plan? What mechanisms are in place in the curriculum that promote prospective vision?

### 3. Ensure competent graduates.

Occupational therapy education programs must meet professional accreditation standards. This involves taking into account the requirements of all key stakeholders (What are the expectations of your key stakeholders?). with the outcome of preparing graduates who meet the minimum competency standards of the professional regulatory bodies. Examples of these competency standards includes the World Federation of Occupational Therapists (Revised Minimum Standards for the Education of Occupational Therapists, 2002), the Australian Minimum Competency Standards For New Graduate Occupational Therapists (Occupational Therapy Australia, 2010), or the Competencies for Registration as an Occupational Therapist (Occupational Therapy Board of New Zealand, 2000). Having a clear vision of and policies for, desired graduate attributes that reflect the standards are also mandatory.

### 4. Strive for competence in the real world.

This will involve the bigger global picture around action competency and sustainability (Maindal, Kirkevold, Sandvaek, & Lauritzen, 2010; Breiting, 2010). Graduates must become global citizens and thus require being responsible and accountable in the various communities that they meet and connect with. *What is your team's understanding of action competence? How does your team translate action competence into their teaching practice?*



## 5. Connect explicitly with the underpinning educational philosophy of the curriculum.

For example, a vision of graduates who are self-directed, analytical, and life-long learners. What is your educational philosophy and how does it align with your curriculum vision? See *Good Practice Guide 8 on Educational Philosophy*.

### Potential processes for developing a curriculum vision

There are no right or wrong approaches to developing a curriculum vision! Developing a curriculum vision may be the domain of an individual or working party within the discipline or involve a collaborative team approach. However whatever the process of drafting a curriculum vision, there needs to be team input, discussion and consensus if ownership of the vision is to be achieved.

The curriculum vision should capture the unique perspective of occupational therapy, be *clear and concise* (Bond, n.d.) and detail the 'what', the 'goal' and the desired 'outcomes' (Bond, n.d.)

Developing a curriculum vision is fundamental to sound curriculum development. Consulting examples of curriculum development frameworks may provide a starting point in the process (OT Model Curriculum Ad Hoc Committee, 2008; Salvatori et al., 2006).

### References and Resources

Australian Learning and Teaching Council (2010). *Health, Medicine and Veterinary Science, Learning and Teaching Academic Standards Statement*. Sydney, Australia: Australian Learning and Teaching Council. Retrieved from: <http://www.altc.edu.au/standards/disciplines/HMVS> July 2011.

Bond, T. (n.d.) Vision. Retrieved July 14th, 2011, from: <http://nz-curriculum.wikispaces.com/Vision>

Breiting, S. (2010) *From environmental education to education for sustainability - The power of individuals and societies for change*. A European educational perspective. Presentation at 3rd Environmental Education Forum. Copenhagen: Research for Environmental and Health Education.

Kift, S. (2004). *Organising first year engagement around learning: Formal and informal curriculum intervention*. Paper presented at the 8th International First Year in Higher Education Conference: Dealing with Diversity. Retrieved 26th May, 2010, from: <http://www.ausot.com.au/images/Australian%20Competency%20Standards%20Entry%20Level%20Elec%20Copy.pdf>

Maindal, H.T., Kirkevold, M., Sandbaek, A. & Lauritzen, T. (2010), Lifting the lid of the "black box of intervention" - the systematic development of an action competence programme for people with screen detected dysglycaemia. *BMC Health Services Research* Retrieved from: <http://www.biomedcentral.com/1472-6963/10/114>

- Occupational Therapy Australia (2010). *Australian minimum competency standards for new graduate occupational therapists*. Victoria, Australia: Occupational Therapy Australia.
- OT Model Curriculum Ad Hoc Committee (2008). *Occupational therapy model curriculum*. Bethesda, MD: American Occupational Therapy Association.
- Salvatori, P., Jung, B., Missiuna, C., Stewart, D., Law, M., & Wilkins, S. (2006). *McMasters Lens for Occupational Therapists: Bringing theory and practice into focus*. In McMaster University (Ed.). Ontario, Canada: McMaster University.
- Whiteford, G. E., & Wilcock, A. A. (2001). Viewpoint. Centralizing occupation in occupational therapy curricula: imperative of the new millennium. *Occupational Therapy International*, 8(2), 81-85.
- World Health Organisation (2001). *International classification of functioning, disability and health*. (Vol. WHA54.21). Geneva, Switzerland: 54th World Health Assembly.





# Case Study Good Practice Guide 7: Developing Your Team's Mission and Vision

## Mission Statement

The Discipline of Occupational Therapy within the School of Public Health, Tropical Medicine & Rehabilitation Sciences will, through education & research, promote the capacity of the profession and the capacity of the regional, rural, remote and indigenous communities within which we work. The following principles encompass the Discipline of Occupational Therapy's approach towards understanding human occupation, as a basis to Occupational Therapy theory and practice. These principles form the basis for the curriculum provided by the Discipline of Occupational Therapy.

Adapted from Burke, J. P. (2003). Philosophical Basis of Human Occupation. In P. Kramer, J. Hinojosa & C. B. Royeen (Eds.), *Perspectives in Human Occupation: Participation in Life*. Baltimore, Maryland.:Lippincott, Williams & Wilkins.

## Principle 1

Recognition of the significance of occupation to health, well being and achievement of life satisfaction to individual and communities with particular focus on regional, rural, remote and indigenous communities.

## Principle 2

Recognition of the dynamic relationship between culture and occupation and the importance of understanding that beliefs, behaviours, attitudes, relationships, environment, religion and sense of identity are all shaped by our culture.

## Principle 3

Recognition of the dynamic relationship between people with their contexts and the importance of understanding that people and their contexts are integrated and mutually defining.

## Principle 4

Upholding a holistic view of the person with an emphasis on the uniqueness of the individual and their understanding of life experiences.

The Discipline of Occupational Therapy identifies the following 3 areas as central to its ongoing commitment and development.

1. The development of community based occupational therapy practice that promotes the capacity and well being of individuals and regional, rural, remote and indigenous communities within tropics.
2. The development of a curriculum that is distinctive, well integrated and contextualised to reflect a regional, rural, remote and indigenous focus and that prepares professionals competent to work within these communities
3. A commitment to occupation based research that builds the capacity of re search within students, clinicians and academic staff with particular emphasis on:



- o Supporting clinician based research and evidence based practice
- o Cross cultural research investigating the dynamic between culture and occupation
- o Improvement and development of teaching and learning
- o Building on and expanding research within rural, remote & Indigenous communities.

**James Cook University Occupational Therapy Mission Statement**

[http://www.jcu.edu.au/phtmrs/ot/JCUDEV\\_018353.html](http://www.jcu.edu.au/phtmrs/ot/JCUDEV_018353.html) (accessed July 2011).



## Good Practice Guide 8: Developing your Team's Educational Philosophy

### Defining an Educational Philosophy

Your personal educational philosophy as an academic is the individual system of beliefs and values that guides your teaching practice. Even if you are not aware that you have an educational philosophy this underlying system is what you use to guide your decision making in your design of teaching and learning activities, your attitudes towards students and how they learn, and your engagement with teaching technologies. It also helps you define and enact your role as an educator within your profession, your organization and your broader societal contexts.

While you don't need to know what your educational philosophy is in order to be a good teacher it is of value to make your educational philosophy explicit in order to reflect on your performance in a more systematic way and grow your practice as a teacher or facilitator of students' learning. When you articulate your educational philosophy you may find you belong to a community of educators who share similar educational philosophies and can challenge and stimulate one another to enhance your individual and collective educational practice.

Your educational philosophy will evolve as you develop in your role and some of the tenets you hold most strongly as an early career educator may change with experience. Your educational philosophy can guide your discussions in performance appraisals and help to inform career changes. It is often articulated in your academic portfolio, and can enhance your communication with students and interprofessional colleagues as they gain a greater sense of what motivates your performance.

### Developing your Personal Educational Philosophy

If you want to develop your educational philosophy as an occupational therapy academic it helps to start reflecting on your teaching practice and what drives you. Things you might like to think about include:

- Why am I choosing this role as an educator?
- What do I bring to this role?
- What do I believe education should look like?
- What gets me out of bed and into the classroom in the morning?
- Who is responsible for student learning?
- What do I contribute to student learning?
- What ideas inspire me in my teaching?
- How do I want to develop as an educator?
- Who inspires me as an educator?

In developing your educational philosophy you may want to talk to others about your practice as a teacher such as:

- Your educational peers
- Your supervisor
- Your students
- Your significant other
- Educational advisors/designers in your facility



## Reflection

Share your Insight

What is your Personal Educational Philosophy?

### Team Educational Philosophy and Curriculum

Personal educational philosophies are based on personal beliefs about how the curriculum is implemented within the classroom. However, it is highly desirable to develop a shared educational philosophy that guides curriculum development and teaching practice for the whole of the academic team. This is particularly important when a team is committed to a whole program such as an occupational therapy program which is accountable both to the university and the profession.

The educational philosophy of a teaching team can be impacted by a range of factors including profession specific philosophies, local contextual issues, and educational priorities and directions of the institution in which your teaching is enacted.

### Occupational Therapy Educational Philosophy

The World Federation of Occupational Therapists includes the following statement in its Minimum Guidelines for OT Education (WFOT, 2002) about the need for an occupational philosophy. See also *Good Practice Guide 9 on Occupational Philosophy*.

*Programs for the education of occupational therapists are guided by a unique philosophical understanding of occupation, derived from a unique mix of international and local perspectives and understandings. International perspectives address the shared understandings of occupational therapists internationally, while the local perspectives address relevance within the context of the program. The program's philosophical understanding of occupation may include:*

- *The nature and meaning of occupation*
- *The occupational nature of humans*
- *The kinds of problems and satisfactions people experience in relation to participating in occupation*
- *Cultural understandings about how problems with participation in occupation might be addressed and how the experience or outcomes of participation enhanced. (WFOT, 2002)*

It however does not specify that a specific educational philosophy is needed. Australian program accreditation processes require occupational therapy educational programs to reflect upon and articulate the rationale for their occupational philosophy and purpose (OTAL, 2010) as well as on their educational philosophy. An explicit examination of the congruence of program philosophy with the broader university and community focus is also expected.



## Linking Occupational and Educational Philosophies

Within an occupational therapy curriculum, educational and occupational philosophy will sit side by side one another. Wilcock (2000) posited that such philosophy should be interrelated:

*An occupational philosophy of teaching and learning involves developing a different kind of academic culture - a culture which is prepared to own and use occupational language; to enable students to engage in research aimed at understanding humans as occupational beings; and to advocate and develop academic programmes grounded in occupational philosophy. (Wilcock, 2000, p.83.)*

Not all occupational therapy educational programs can sit completely or exclusively within an occupational framework. Other contextual drivers including institutional educational philosophies may call upon the academic team to enact its educational practice via specific educational approaches (e.g., Problem Based Learning, Inquiry Based Learning) which have their own unique educational tenets. Given these demands having a shared educational philosophy within the team is highly desirable.

## The Importance of Collective Educational Philosophy

Whether your program educational philosophy is synonymous with occupational philosophy or complementary to the teaching of occupational philosophy a shared vision of curriculum development and delivery is vital. Your team has a responsibility to deliver education that is based on well defined educational theory and operationalised with a consistent and coherent plan. You can spend time working with your team to explore, articulate and extend your shared educational philosophy using similar trigger questions to those above for exploring your individual educational philosophy.

## Educational Theories Underpinning Team Educational Philosophy

Assistance from educational consultants within university based teaching and learning institutes can be of great assistance in helping staff distil the best from contemporary educational theories that may underpin team practice within a particular occupational therapy program. Some examples might include:

- Adult learning theory (Knowles, 1984a, 1984b)
- Socio-cultural theory such as communities of practice (Lave & Wenger, 1991)
- Threshold concepts (Meyer & Land, 2003; 2005; Perkins, 2006; Rodger & Turpin, 2011; Tanner, in press)
- Gateway and capstone courses (<http://www.handbook.unsw.edu.au/general/2011/SSAPO/glossary1.html>)(accessed 19 February 2011).
- Research led learning and teaching (<http://www.trnexus.edu.au/>)
- Signature pedagogies (disciplinary ways of knowing) (Gibbs, 2000; Schulman, 2005)



- Situated learning/ experiential learning/ authentic practice and assessment (Fenwick, 2000; Lave & Wenger, 1991)
- Disciplinary ways of knowing, acting and being (Barnett & Coate, 2005)
- Action learning/research (Coghlan & Brannick, 2001; Craig, 2009; Stringer & Dwyer, 2005)
- Team based learning (Michaelsen, Knight, Fink, 2004).

Reflection on Educational Underpinnings of the Program  
 Explore your Team's Insights  
 What is your Team's Educational Philosophy?

### References and Resources

- Barnett, R., & Coate, K. (2005). *Engaging the curriculum in higher education*. London, UK: McGraw-Hill.
- Coghlan, D., & Brannick, T. (2001). *Doing action research in your own organisation*. Thousand Oaks, CA: Sage.
- Cousins, G. (2008). *Threshold concepts: old wine in new bottles*. In Land, Meyer and Smith (eds.), *Threshold concepts in the disciplines*, London, UK: Routledge.
- Craig, D. V. (2009). *Action research essentials*. San Francisco, CA: Jossey-Bass Wiley.
- Fenwick, T. J. (2000). Expanding conceptions of experiential learning: A review of the five contemporary perspectives on cognition. *Adult Learning Quality*, 50 (4), 243-272.
- Gibbs, G. (2000). Are the pedagogies of the disciplines really different? In C. Rust (Ed.), *Improving student learning through the disciplines*. Oxford, UK: The Oxford Centre for Staff Learning Development.
- Knowles, M. (1984a). *The adult learner: A neglected species* (3rd Ed.). Houston, TX: Gulf Publishing.
- Knowles, M. (1984b). *Andragogy in action*. San Francisco, CA: Jossey-Bass.
- Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. New York, NY: Cambridge University Press.





- Meyer, J. H. J. & Land, R. (2003). Threshold concepts and troublesome knowledge: linkages to ways of thinking and practicing within disciplines. In C. Rust (ed.), *Improving student learning - ten years on*. Oxford: OCSLD (pp. 1-15)
- Meyer, J. H. J. & Land, R. (2005). Threshold concepts and troublesome knowledge: epistemological considerations and a conceptual framework for teaching and learning. *Higher Education*, 49, 373-388.
- Michaelsen, L. K., Knights, A. B., & Fink, L. D. (2004). *Teambased learning: A transformative use of small groups in college teaching*. Sterling, VA: Stylus Publishing.
- Occupational Therapy Australia (2010). *Self Study Manual for OTAL Accreditation of OT Programs*. Melbourne: Author.
- Perkins, D. (2006). Constructivism and troublesome knowledge. In J.H.J. Meyer & R. Land (Eds.), *Overcoming barriers to student understanding. Thresh old concepts and troublesome knowledge*. (pp. 33-47). London: Routledge.
- Rodger, S., & Turpin, M. (2011). The use of threshold concepts to transform entry level curricula. Proceedings of the HERDSA Conference, Gold Coast 4-7 July 2011.
- Schulman, L. (2005). *The signature pedagogies of the professions of law, medicines, engineering and the clergy: Potential lessons for the education of teachers*. Paper delivered at Math Science Partnerships Workshop Teacher Education for Effective Teaching and Learning. National Research Council Centre for Education. Irvine, California 6-8 February 2005.
- Stringer, E. T. & Dwyer, R. (2005). *Action research in human sciences*. (3rd ed.), Upper Saddle River, NJ: Pearson Education.
- Tanner, B. (in press). Threshold concepts in practice education: Perceptions of clinician supervisors. *British Journal of Occupational Therapy*.
- Wilcock, A. A. (2000). Development of a personal, professional and educational occupational philosophy: an Australian perspective. *Occupational Therapy International*, 7, 79-86
- World Federation of Occupational Therapists (WFOT), (2002). *Revised Minimum Standards for the Education of Occupational Therapists*. Forrestfield, Western Australia: WFOT.



## Case Study Good Practice Guide 8: Educational Methods - Alignment of Assessment Tasks and Minimising Staff Marking Workload.

The University of South Australia has a requirement that students can only undertake three pieces of summative assessment per course. The first of these needs to be in the first half of semester and can be up to 20% of the course marks. The aim of this early piece of work being to provide both course coordinator and student feedback on their progress and to enable clarification of concepts and refocussing of teaching should this be required. This often utilises a simple rubric/template that allows staff to provide short and sharp feedback on progress within the course around some early covered concepts.

There is also a workload requirement that staff are only provided with one hour of marking time per student per semester, hence there is an imperative for staff to assess wisely using efficient marking mechanisms. There is generally an aim within the occupational therapy courses, to have one piece of assessment addressing the knowledge domain (e.g., content, definitions, often by way of a quiz or exam); one that addresses skills such as those requiring demonstration such as in an viva format (e.g., manual handling, splinting, transfers, explaining a condition or intervention to a client that imitates real world clinical skills); and a written assignment or exam that requires students to integrate complex issues. Sometimes an 80% attendance requirement is set for particular workshops/practical components of courses.

Students typically do not attend lectures, as didactic content (for example health conditions) is delivered using pod casts, voice over power point or addressed via readings, accessing websites and other resources. Quizzes using Turning Point™ Audience Response System software or other 'hurdles' may be set to ensure that students have this content prior to particular practical laboratories/classes. In practical/viva assessment tasks, lack of adherence to safety considerations etc are considered an automatic fail.

A process of documenting learning objectives for each occupational therapy course, followed by staff team creative brainstorming of methods of assessing these learning objectives has recently been engaged with. This team brainstorm has led to a range of more interesting and creative ways of assessing objectives with team input to the process. The other benefit is that more staff members than the course coordinator have a working knowledge of the course enabling people to step in more easily in the case of illness etc.

Team workshoping of developing rubrics and input from the University's Teaching and Learning Unit has assisted the team develop better skills in developing/writing rubrics for assessment tasks and development of identified criteria and standards within rubrics. One useful consideration has been to provide written feedback to students as if they were sitting in front of you and to be able to tell them what was good and what was poor about their work and to provide evidence for these judgements.

Rubrics are provided to students from the outset to make expectations explicit. These provide general information on standards and criteria at different levels but do not contain marks as such. While rubrics require considerable work to set them



up, however they can make marking more efficient and tend to require less post-marking moderation, as better inter-rater reliability is established. Many of these are commented about on line /electronically with highlighting of the responses and provision of links for students to follow to library referencing tip sheets for example if better referencing is required or student services for input on assignment writing/ structure or organisation of written work etc. Track changes and comments functions are used in written work provided by students who submit electronically.

Assessment tasks are set as part of the whole of discipline curriculum development process and are not changed by course coordinators without reference back to the staff team. Based on critique from the group, changes may be made. More experienced staff mentor new staff who come in to take over courses that have been previously developed by the team. Where marking is taking too long, staff can use team discussion meetings to brainstorm how to become more effective, discuss what took so long and why? Discussion often focuses on where students have misunderstood a concept and hence have not responded well to the questions asked, where there is ambiguity in the question that has led to students not being able to answer questions precisely etc.

***Based on Interview with Sue Gilbert-Hunt, Programme Director Discipline of Occupational Therapy University of South Australia***



## Good Practice Guide 9: Developing your Occupational Philosophy

### 1. Definition of Occupational Philosophy

An occupational philosophy makes explicit your program's perspectives and beliefs about occupation. An occupational philosophy needs to encapsulate both the uniqueness of the profession and the profession's domain of concern in everyday language that is simple to understand (Polatajko, 2007; Yerxa, 1998).

A consistent philosophy, allows the curriculum to prepare graduates who will become members of a strong, united profession that focuses on human occupation, wellbeing and participation in life roles need rather than a set of practice techniques. Without a central philosophy, the curriculum runs the risk of fragmentation facilitating formulaic responses to intervention, and potentially being obsolete (Yerxa, 1998). A clearly articulated philosophy helps to set the profession apart. It helps to minimise borrowed knowledge which Whiteford and Wilcox (2001) described as being problematic, because knowledge from other disciplines is often contradictory to the theories underpinning occupational therapy and occupational science.

An occupational philosophy:

- a. frequently includes a consistent definition of occupation and a taxonomy of terms related to occupation. A clear taxonomy helps students, and subsequently the broader community, to understand occupational therapy.
- b. typically contains a view of humans as occupational beings as well as the role of occupational therapy, and explicates these concepts for students.
- c. should capture the contemporary nature of the occupational therapy profession. It should focus on clients' capacity, rather than being problem or impairment based. Relevant contemporary concepts should be included and consistently explained, for example participation, occupational performance, and occupational justice.
- d. makes explicit reference to occupational science as providing a theoretical basis to the profession.

Examples of occupational therapy theories which may underpin a school's/ program's occupational philosophy include:

- a. Person-Environment-Occupation Model (PEO Model)

Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person-environment-occupation model: a transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 63(1), 9-23.



b. Canadian Model of Occupational Performance-Enablement

Townsend, E. A., & Polatajko, H. J. (2007). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation*. Ottawa, Ont.: Canadian Association of Occupational Therapists.

c. Occupational Therapy Practice Framework (American Occupational Therapy Association)

American Occupational Therapy Association. (2008). Occupational therapy practice framework: domain & process (2nd edition). *American Journal of Occupational Therapy*, 62(6), 625-683.

d. The McMaster Lens for Occupational Therapists (based on the PEO Model)

Available from: <http://www.caot.ca/otnow/march08/mcmaster.pdf>

e. Keilhofner, G. (2008). Model of Human Occupation (MOHO) *The Model Of Human Occupation: Theory and Application* (4th edition). Chicago, IL: Lippincott, Williams & Wilkins.

## 2. Rationale for an Occupational Philosophy

An occupational philosophy:

- a. ensures that the theoretical and philosophical underpinnings of the curriculum are explicit, and not implicit.
- b. provides clarity for students with regard to their professional identity as occupational therapists, regardless of their future area of practice, and also helps them to understand the unique contribution of occupational therapy.
- c. assists consumers, other health professionals and the broader community to understand occupation (Wilding & Whiteford, 2007).
- d. assists staff as well as students to integrate knowledge across the curriculum, and understand how other bodies of knowledge, such as anatomy, psychology and neuroscience, are used in occupation-based practice.
- e. is essential for Australian occupational therapy program accreditation.

## 3. Processes for Developing an Occupational Philosophy

- a. Gather information about what the actual occupational philosophy of the program is (if there is one to be reviewed), what it should comprise, what staff and students understand or know of it, etc.
- b. Ensure that all curriculum stakeholders understand and support the need to establish a consistent occupational philosophy.



- c. While there are many constraints around providing occupation-based services in practice (e.g., the context of the health care system), it is important to develop a vision for occupational therapy within the university context (Wood, Nielson, Humphrey, Coppola, Baranek & Rourk, 1999).
- d. Consider the 'brand' of the occupational therapy program and ensure that the occupational philosophy is consistent with the marketing brand for the University (i.e., the unique contribution of occupational therapy within the University context. For example, a university with a strong focus on community engagement and social justice may centre their occupational philosophy on occupational justice.
- e. Decide on the process for developing the occupational philosophy. Before embarking on a process it is important for curriculum designers to consider:
  - i. Staff members' backgrounds, length of employment and experience, and level of investment in the occupational philosophy.
  - ii. Deciding on a process to start, be this collaborative, individual or by use of external advisors.
  - iii. The need for consistent language both within courses/subjects/units of study and also an overall taxonomy across the program.
  - iv. The occupational philosophy does not need to include use of one model. Occupational therapy educators tend to use a multilayered approach in order to expose students to a range of models and their relationship to practice (Ashby & Chandler, 2010).
  - v. Their own values and beliefs, as well as familiarity with various models, as these aspects tend to influence choice of occupation-focused models (Ashby & Chandler, 2010).
- f. After deciding on the occupational philosophy, establish how it will be embedded and scaffolded throughout the program.
  - i. Ensure that the occupational philosophy is scaffolded theoretically throughout the program, but also in its practical application.
  - ii. In the curriculum, predict and address potential confusion for students between the theoretical occupational philosophy and what is observed in practice (e.g., in the acute setting).
  - iii. In the curriculum, predict and address potential confusion for students between the occupational philosophy of your program, and the varied taxonomies used by the profession beyond your program.
  - iv. Make sure that it is clear to students how all learning activities, on a day to day basis, are linked to the occupational philosophy.





- v. Disseminate this knowledge to practitioners, so they are clear on what the philosophy of the program is, so as to address some of the potential confusion
- g. Build a culture of openness to new ideas so that new models of occupational therapy practice can be embraced in the future.
- h. Ensure that your program promotes a consistent occupational therapy philosophy across all activities. For example, awards and prizes could be designed to reflect a commitment to occupation. Research activities should reflect your occupational philosophy.
- i. Occupational philosophies are not static, but are constantly being updated. Therefore, there is a need for programs to stay current and to be reviewed regularly.

### References and Resources

- Ashby, S. & Chandler, B. (2010). An exploratory study of the occupation-focused models in occupational therapy professional education programmes. *British Journal of Occupational Therapy*, 73(12), 616-624.
- Polatajko, H. J. (2007). Occupation: What's in a word, anyway? *OTJR: Occupation, Participation & Health*, 27(3), 82-83.
- Whiteford, G.E. & Wilcock, A.A. (2001). Centralizing occupation in occupational therapy curricula: Imperative of the new millenium. *Occupational Therapy International*, 8(2), 81-85.
- Wilding, C. & Whiteford, G. (2007). Occupation and occupational therapy: Knowledge paradigms and everyday practice. *Australian Occupational Therapy Journal*, 54(3), 185-193.
- Wood, W., Nielson, C., Humphry, R., Coppola, S., Baranek, G. & Rourk, J. (2000). A curricular renaissance: Graduate education centered on occupation. *American Journal of Occupational Therapy*, 54(6), 586-597.
- Yerxa, E. J. (1998). Occupation: The keystone of a curriculum for a self-defined profession. *American Journal of Occupational Therapy*, 52(5), 365-372.



## Case Study Good Practice Guide 9: Developing an Occupational Philosophy

*This case study comprises this short description about how one Occupational Therapy Programme on developed their occupational philosophy. It needs to be read in conjunction with the linked pdf document **Becoming an Occupational Therapy Practitioner** that illustrates the approach taken at Otago Polytechnic. It should be noted that **Becoming an Occupational Therapy Practitioner** is a dynamic document, a work in progress that has been shared for the purposes of helping other Schools learn more about the process of developing such statements.*

### *Background*

The Occupational Therapy School at Otago Polytechnic worked to develop a uniform occupational philosophy in late 2010 and early 2011. After some curriculum redevelopment in the bachelor program in 2006, there was a perceived need to integrate two streams of occupational science and occupational therapy and to assist all staff develop a strong sense of where their particular courses (papers, subjects, units, modules) fitted within the overall program. This was also important as there were a number of non-occupational therapy staff on faculty, such as those with psychology and kinesiology/anatomy backgrounds. The other perceived benefit of developing this document was that it would provide a pictorial representation for students about their journey to becoming competent occupational therapists upon graduation. It was anticipated that the visual diagram would help students see where they were on this journey and where various courses they are undertaken 'fit' with the knowledge and skills required for competent occupational therapy practice.

### *The Process of Developing the Occupational Philosophy*

Staff discussions at a recent NZAOT conference with key note speakers and development of small reference group provided opportunities for discussing and sharing of materials that were useful in developing the document. Other universities' websites were also searched to see how other these programs/schools had articulated their philosophies. An initial diagram representing a visual sequence that captured different sources of information in a way that might make sense to students and staff was developed and presented to external experts, students/clinicians and feedback was sought. While there was generally agreement on content there was less agreement on the linear framework illustrated. This document was then discussed at a staff meeting mostly with agreement with content and positive responses regarding how staff could see where their courses fitted within the flow diagram. Further consultation with staff, students, the external advisory committee, and polytechnic Educational Development Centre followed.

### *Challenges in Developing the Document*

One of the challenges was to obtain the right balance in terms of the amount of information in the diagram explaining the philosophy. It was felt by some staff that for first year students a reduced amount of information only was needed, whereas for later years access to all the detail would be important. For example with year 1s it might be possible to show them the top half of the document (sequence of ovals) and talk them through the journey to graduation, whereas for later years staff may want them to engage with the whole and debate in a more critical way, where courses may fit and the various merits of the diagram as it currently is described. However, by ensuring that all students at all levels are presented with the entire document, then the learning/thinking styles of all students can be accommodated.



Another challenge was to be clear about the rationale for developing such a document. Students had provided feedback that they needed more explanation about what they needed to know in the OT program and why particular content was necessary and to be reassured that they were 'going somewhere'. Sometimes classes early in the program such as in the basic sciences were a bit less obvious to them as to how they were important for an OT career. Another important purpose was to assist new staff and guest lecturers beginning to teach into the program to see where their teaching/courses fit into the bigger picture. The diagram aimed to provide a holistic overview of the whole curriculum. This would be placed in a staff handbook/orientation package and addressed by program leaders when new staff members were orientated to their teaching roles. It also became obvious that people commenting became caught up with the visual design/diagram rather than the content, so when seeking feedback it was important to garner support for the content (getting this right first) and then to gain assistance with illustrating the concepts from a graphic designer. It became obvious that strong leadership was required to ensure that the task was undertaken within a short period of time (3-4 months) and to push through some of the resistance when people felt stuck or questioned why this was necessary.

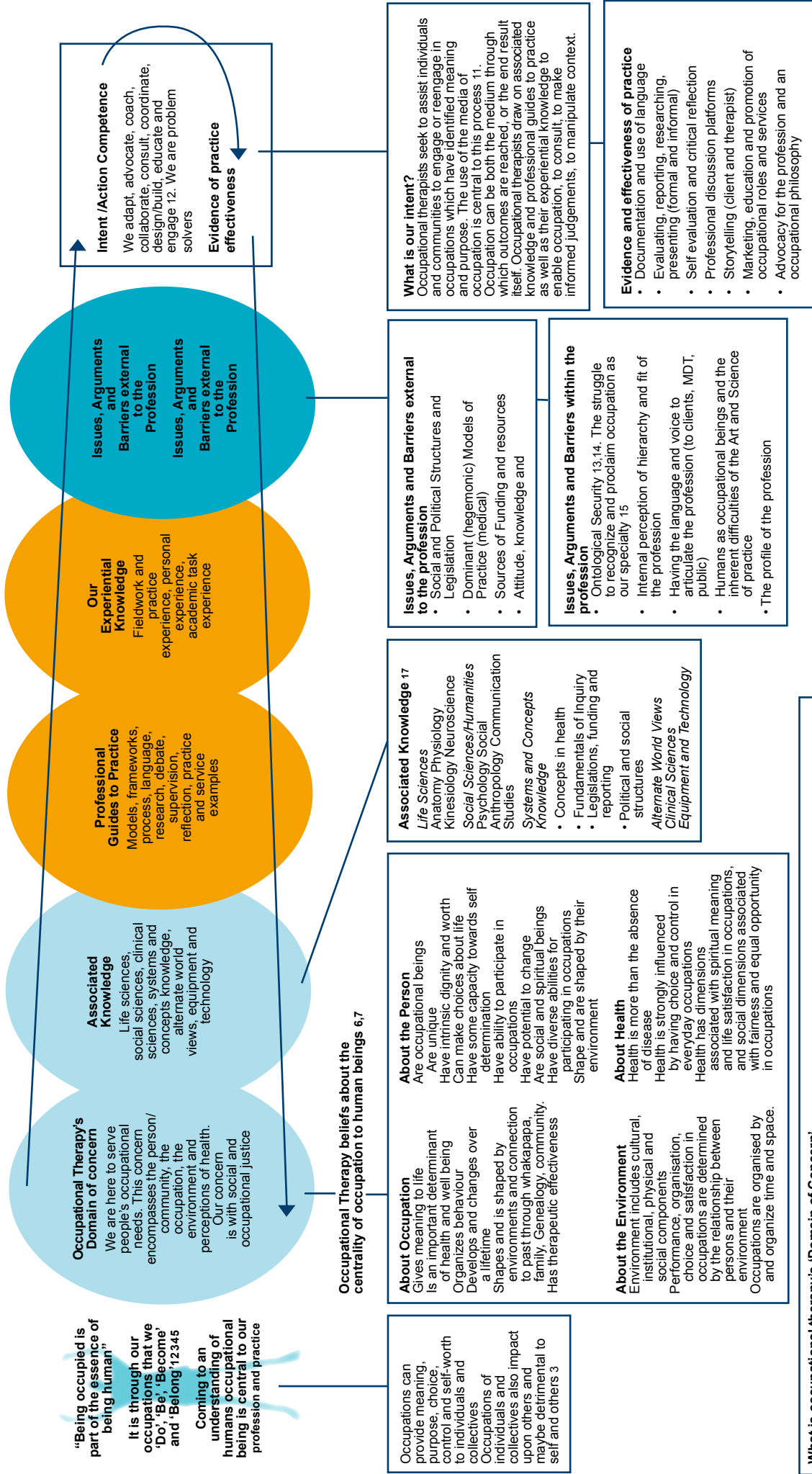
### *Some Advice to Schools Developing an Occupational Philosophy*

It is important to be aware that you can't please everyone! But general consensus on the content is more important than agreement about the visuals. Look at what is already in existence and ensure you include staff and students in the development process. It is important to realise that what you come up with is not necessarily absolutely unique to any one School but will be a packaging of materials that all Schools use in some way. What is important is that the document works for your staff and brings cohesion and that occupational therapy practitioners you work with need to see it as a workable diagram. What is likely to be unique is the meaning that is attached to the document and how it is used rather than what is in the diagram (the content) itself.

***This case study is based on an interview with Mr James Sunderland with input from Ms Merrolee Penman.***



# Becoming an Occupational Therapy Practitioner



**What is occupational therapy's 'Domain of Concern'**  
Those who take an occupational perspective of life and society raise questions and seek answers about occupations. One looks at life and society using occupational lenses to understand what people are doing, or want and need to survive, be healthy, and live well as valued citizens<sup>8</sup>. Occupational Therapists and Scientists aim to understand the 'subjective experience, process, features and outcomes of occupational performance'<sup>9</sup> and to understand the who, what, where, when, why and how of occupations. No matter what kind of occupational therapist one is, there is a conviction that one's domain of concern is the commonplace, the everyday, the familiar, the daily round, the ordinary makings and doings of humankind...if we are going to "intervene" in peoples lives, we should know our place and their need<sup>10</sup>

## Reference for Framework

1. Wilcock, A.A. (1998a). Occupation for health. *British Journal of Occupational Therapy*, 61, 340-345.
2. Wilcock, A.A. (1998b). Reflections on doing, being becoming. *Canadian Journal of Occupational Therapy*, 65, 248-256.
3. Hammell, K.W. (2004). Dimensions of meaning in the occupations of daily life. *Canadian Journal of Occupational Therapy*, 71 (5).
4. Reberio, K. (2004). How qualitative research can inform and challenge occupational therapy practice. In K.W. Hammell & C. Carpenter (eds), *Qualitative re-search in evidence-based rehabilitation* (p. 89-102). Edinburgh: Churchill Livingstone.
5. Rowels, G.D. (1991). Beyond performance: Being in place as a component of occupational therapy. *American Journal of Occupational Therapy*, 45, 265-271.
6. Polatajko, H.J. (1992). Muriel Driver memorial lecture: Naming and framing occupational therapy: A lecture dedicated to the life of Nancey B. *Canadian Journal of Occupational Therapy*, 59, 189-200.
7. Law, M., Baptiste, S., & Mills, J. (1995). Client centred practice: What does it mean and does it make a difference? *Canadian Journal of Occupational Therapy*, 62, 250-257.
8. C. Christensen & E. Townsend (Eds.), *An Introduction to the Art and Science of Living* (p. 221-242). Upper Saddle River, NJ: Prentice Hall.
9. Hocking, C. (2000). Occupational science: A stock take of accumulated insights. *Journal of Occupational Science*, 7 (2), p58-67. 10. Caulton, R.F. (ed). (2003). *The best of occupation 1993-2003*. Dunedin: Rogan McIndoe Print Ltd
11. Molineux, M. (2004). Occupation in occupational therapy: A labour in vain? In M. Molineux (Ed.), *Occupation for Occupational Therapists* (pp. 1-14). Oxford: Blackwell Publishing
12. Townsend, E.A., Whiteford, G., Polatajko, H.J., Craik, J. & Hocking, C. (2007). Enablement continuum. In E.A. Townsend & H.J. Polatajko, *Enabling occupation II: Advancing an occupational therapy vision for health, wellbeing and justice through occupation* (P. 129). Ottawa, ON:CAOT Publications ACE.
13. Molinuex, M. (2010). Lessons from sociology: How ontologically secure are you? *OT Insight*, 31 (4), 1.
14. Molinuex, M. (2010). Standing firm on shirting sands: Keynote address. NZAOT Conference 2010. Shifting Sands-Creating our Place. *September 7-10. Ruther-ford Hotel, Nelson.*
15. Simmons Carlsson, C. (2010). In pursuit of...ontological security in the acute care practice setting. *OT Insight*, 31 (9), 8-9.
16. Kielhofner, G. (1983). *Health through occupation: Theory and practice in occupational therapy*. Philadelphia: F.A. Davis Company





# Good Practice Guide 10: Using Social Networking Tools to Support Communities of Practice.

## Curriculum Leadership can be a Solitary Occupation

Curriculum leadership can be a solitary occupation given the many demands required of an individual in the position. In one day a leader could be expected in their first hour to be articulating a vision of the curriculum in five - ten years time, and then return to their office to process an ever growing number of emails or other electronic communication; before turning their attention to dealing with conflict between academics in a teaching team situation; then hurrying to class to deliver the next workshop for their students; finishing the day with meeting with their senior manager to advocate for additional resources to support and enable the learning of the students. Given the many demands on their time, who can the busy curriculum leader turn to when they need support, information, assistance or resources to enable them to be the best leader they can be?

The curriculum leader may consider contacting a colleague in the same profession who holds a similar position. However, this is not always possible, given the different drivers that are evident in tertiary education. The colleague may be in a university that is also competing for student numbers, or research grants, or in another university on the opposite side of the country, thus not immediately accessible. Thus, for any curriculum leader, a community of practice can be a strong enabler and supporter of all its members.

## Communities of Practice can be the Solution

Communities of Practice have been discussed in the fifth good practice guide “Developing a community of practice to support curriculum reform”. Communities of practice evolve when people who have common goals or concerns interact with McDonald and Star (2008) arguing that communities of practice can be an appropriate mechanism for building a “dynamic academic community striving to address [a] range of issues. (p. 231).

An effective community of practice pays attention to three elements. The first is community, or the social fabric which supports the members to know, come and understand each other around a domain, which is the common ground or topic. The conversations and activities that occur around this commonality creates a sense of shared identity which in turn enables the community to create a shared understanding or shared practices that enable the members of the community to be even more effective in their domain (Wenger, Snyder & McDermott, 2002). McDonald and Star (2008) argue that communities of practice are ideal for academics to share, develop their expertise all within a supportive and safe environment. See *Good Practice Guide 5: Developing a Community of Practice*.

Many of the examples of communities of practice sited in the literature exist in the ‘real’ environment, but with the increase in collaborative online tools, communities of practice are increasingly moving to being virtual with social networking tools being the means through which members can come together (White, 2011).

## Social Networking Tools

The phrase social networking is used to describe the “explicit modelling of connections between people, forming a complex network of relations, which in turn enables and facilitates collaboration and collaborative filtering processes” (Eysenbach, 2009, ¶ 14). Many of these tools are free and easily and quickly downloaded and





many are very flexible in how they can be used. For example, the developers of FaceBook could not have foreseen the use of this tool by professional groups as a mechanism for communication and sharing of resources, when it was originally designed for supporting tertiary students networks (boyd & Ellison, 2007; Facebook, 2011)

In this Good Practice Guide a number of tools will be introduced that can be used to support the work of a professional community of practice. However, the reader is encouraged to explore the possibilities of each emerging tool as those that are listed below could be obsolete in two years time, with other's taking their place.

### Finding Other Curriculum Leaders

In the past, a curriculum leader may have attended professional conferences or other professional development opportunities with the aim of expanding their professional networks, or they may have contacted another educational institution asking to visit or in some way interact, or they may have asked a friend. What is the alternative offered by social networking tools? The curriculum leader could use one of the following tools:

Facebook<sup>1</sup>, Google+<sup>2</sup>, Linkedin<sup>3</sup> or Twitter<sup>4</sup>

All of these are similar tools that allow:

- Easy signup
- Creation of a profile that the user can customise, sharing as much or as little information as they feel comfortable with
- Search functions - search for people with common interests, or on key words such occupational therapy in order to request or invite a connection
- Uploading of information such as photos, text based documents, videos etc to share with either just your friends/people you know or to all
- Friending like-minded individuals, or being invited to friend, friend's of friends, in order to establish relationships, but also the control to ignore invitations.
- Updates on your status - the opportunity to share thoughts, feelings that not only assist others to connect and engage with you, but to potentially learn from what you are doing and vice versa
- Discussions between individuals (privately or publicly), within groups

Using one or all of these tools, the curriculum leader can (as described in the *Good Practice Guide 5*) move from creation or expressing an interest or need to interact with peers, to being a part of a community which is developing as individuals discover their common interests. In doing so a community of practice grows, as others are drawn in. (Swiss Agency for Development of Cooperation

<sup>1</sup> [www.facebook.com](http://www.facebook.com)

<sup>2</sup> <https://plus.google.com>

<sup>3</sup> [www.linkedin.com](http://www.linkedin.com)

<sup>4</sup> [www.twitter.com](http://www.twitter.com)

[SDC], 2009).

As outlined in the *Good Practice Guide 5*, communities of practice move through a number of stages which require interaction between the members. When it is not easy to meet face-to-face, what other tools exist?

#### Voice over Internet Protocol (VOIP)

These tools can be used instead of the telephone, enabling free or very cheap interactions with one or more people. There are a number of VOIP tools including GTalk<sup>5</sup> or Skype<sup>6</sup>

These similar tools allow:

- Easy signup
- Search functions - search for people you may know,
- Requests to connect, with the recipient maintaining the right to ignore any such requests
- Real-time interactions at the cost of your internet access
- Videocam - view the person you are talking to
- Text-based chat
- Sharing of desktop, or easy sending of electronic files
- Integration with for iPhone or smartphones

Moving on from growth, the fourth and fifth stages of development of a community of practice are focused adventure and operational as the community of practice creates events, activities and relationships that allow the value of the group to emerge as described in the *Good Practice Guide 5*. This requires a high degree of collaboration and therefore trust, especially when members of the community of practice may rarely be in the same physical location at the same time.

#### **Collaborative Tools**

There are many tools that can support and enable the collaborative and creative work of a virtual community of practice. Examples include collaborative information management tools such Diigo<sup>7</sup>, Delicious<sup>8</sup>, Zotero<sup>9</sup> or Mendeley<sup>10</sup>.

These similar tools allow:

- Easy signup
- Search functions - search for people you may know or groups you are interested in
- Individual and group online bookmarking, with some tools enabling high lighter or sticky notes (annotate websites)

<sup>1</sup><http://www.google.com/talk/>

<sup>2</sup>[www.skype.com](http://www.skype.com)

<sup>3</sup>[www.diigo.com](http://www.diigo.com)

<sup>4</sup><http://www.delicious.com/>

<sup>5</sup><http://www.zotero.org/>

<sup>6</sup><http://www.mendeley.com/>



- Access from any computer or for some tools, also synch with your mobile devices
- Integration with your word processor for referencing in word documents (Zotero/Mendeley)
- Use tagging to enable easy searching and sharing within your community of practice
- Create an online profile (level of detail varies) in order to facilitate the growth of the community of practice.

Other examples include tools for knowledge creation, whereby the community of practice can both create and store knowledge, either privately or publicly. Key examples include tools such as wikis<sup>11</sup> (which can be open or private) and Dropbox.<sup>12</sup> or Google documents<sup>13</sup>. Wikis are a collection of linked webpages that can be created and edited by the invited users. Dropbox and Google Documents on the other hand is a webbased programme that can also be downloaded enabling secure storage of any files.

Wikis allow:

- Easy signup
- Collaborative creation of material with different levels of access from read only through to writer, edit and administrator.
- ‘roll-back’, meaning the administrator can choose to revert to an earlier version
- Uploading of text, pictures, video, audio, links to other websites, feeds from other sites and so on
- Opportunity to share pages publicly, while keeping other pages hidden
- Opportunity for discussion forums

Dropbox and Google Documents allows:

- Easy signup
- Option to share files and contents of files with selected users
- “roll-back” being able to return to an earlier version
- Uploading of any files and downloading to different formats (Google Docs)
- Work offline in your Dropbox file on your desktop (Dropbox only).

### Top Tips for Using Social Networking Tools.

There are many guides written by individuals as to how they have used social networking tools to assist in the achievement of their goals for connecting, for forming communities of practice and so on. Examples include Sarah Stewart’s (a midwife and midwife educator) top tips, including:

<sup>11</sup> [www.wikispaces.com](http://www.wikispaces.com)

<sup>12</sup> [www.dropbox.com](http://www.dropbox.com)

<sup>13</sup> <https://docs.google.com>



- Be prepared to give time to networking and don't expect things to happen overnight - you need to invest time, but the benefits can be immense
- Be consistent about how you 'brand' yourself - make it easy for people to find you across a number of different tools
- Consider how much you share of your personal as well as your professional self. Find what feels comfortable for you, but the more open you can be about how you are, the more likely people are to connect with you
- Focus on what you can give, not what you want to receive
- Focus on quality not, quantity - engage and interact with people, it's not about collecting numbers
- Be authentic, but be aware that your online presence is there for all to see, behave as though you would in any public place

Other tips provided by Sarah can be viewed on her blog:  
<http://sarah-stewart.blogspot.com/2011/07/10-top-tips-for-using-social-media-for.html>

Another blogger who writes extensively about using online tools is Michele Martin in her blog titled the Bamboo Project (<http://michelemartin.typepad.com/thebambooprojectblog/> Search in her blog for related posts.

### Considerations When Using Social Networking Tools

- Consider how much personal information you share in 'open sites'. You need to share sufficient that 'others' can find you
- Check out the privacy statements for any online sites that you choose to join.
- Use strong passwords, and different passwords for each tool that you use. Strong passwords consist of at least eight characters and are a mixture of letters, numbers and symbols. (Peck, 2011).
- Determine if there are any guidelines from your employer that you need to pay attention to - see for example those published for IBM employees <http://www.ibm.com/blogs/zz/en/guidelines.html>
- Be aware that once you have said or shared something, you can't take it back-it's out there in the public domain. Only share what you would be prepared to share with a room of strangers

And finally, although the guidelines that can be found at this address (<http://www.techlearning.com/blogs/23336>) were created by American Grade 4 students, they are just as useful for curriculum leaders.



## References and Resources

- Author unknown. (2011). *Facebook*. Retrieved from <http://en.wikipedia.org/wiki/Facebook>. July 2011
- boyd, d. m., & Ellison, N. B. (2007). Social network sites: Definition, history, and scholarship. *Journal of Computer-Mediated Communication*, 13(1), article 11. Retrieved from <http://jcmc.indiana.edu/vol13/issue1/boyd.ellison.html>
- Eysenbach, G. (2008). Medicine 2.0: Social networking, collaboration, participation, apomediation, and openness. *Journal of Medical Internet Research*, 10(3). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2626430/>
- McDonald, J. & Star, C. (2008) The challenges of building an academic community of practice: An Australian case study, in *Engaging Communities, Proceedings of the 31st HERDSA Annual Conference*, Rotorua, 1-4 July 2008, p 230-240.
- Peck, D. (2011, January 26). Some simple tips for being safe online. [Web log message]. Retrieved from <http://www.meshin.com/blog/2011/01/some-simple-tips-for-being-safe-online/>
- Swiss Agency for Development and Cooperation (SDC). (2009). *Communities of Practice - from own to shared knowledge*. Retrieved from [http://www.communityofpractice.ch/en/Home/Communities\\_of\\_Practice](http://www.communityofpractice.ch/en/Home/Communities_of_Practice)
- Wenger, E., McDermott, R., & Snyder, W. M. (2002). *Cultivating communities of practice*. Boston, MA: Harvard Business School Press.
- White, N (2011, May 10). Curating our personal technology configurations [Web log message]. Retrieved July 2011 from <http://technologyforcommunities.com/2011/05/curating-our-personal-technology-configurations/>



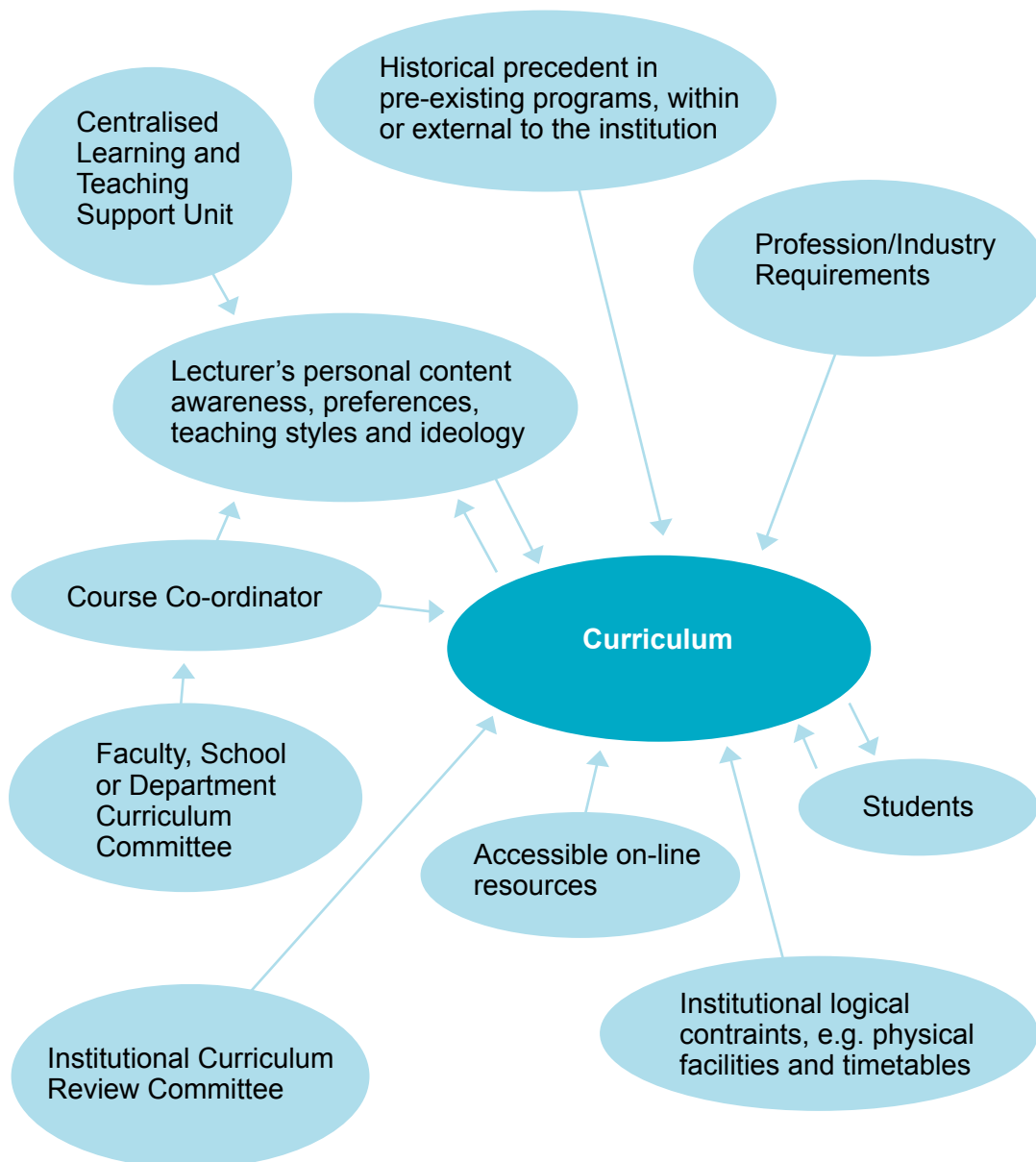
## Good Practice Guide 11: Curriculum Drivers in the Occupational Therapy Higher Education Context

As part of the university education system, educators, academics, department heads, and curriculum managers in professional disciplines have to engage in a cycle of curriculum development, implementation, evaluation, and renewal (Cusick, 1999; Prideaux, 1993). Professional education programs are also frequently accredited by external professional bodies (e.g., professional association, regulatory body) (Barnett & Coate, 2005; Spallek, O'Donnell, & Yoo, 2010). During the curriculum development, revision, and renewal process, a number of internal and external curriculum drivers need to be engaged with and consulted to ensure that a university's program is contemporary, informed, evidence-based, and relevant to the needs of students, the university, professional community of practitioners, and society at large (Hicks, 2007; Gaff & Ratcliff, 1997; Grady, Rozas, & Bledsoe, 2010).

Hicks (2007) attempted to highlight some of the factors and drivers influencing curriculum development, implementation, revision and renewal that exist within Australian university contexts in the schematic below (see Figure 1). Hicks stated that this is not an exhaustive list but does highlight a range of elements needing consideration when reflecting on curriculum development, planning, and renewal. It provides a basis on which to consider some of the primary curriculum drivers and impacting factors in the context of occupational therapy higher education. This *Good Practice Guide* identifies a number of curriculum drivers in the occupational therapy context.







**Figure 1: Typical Influences on Curriculum**

Source: Hicks, O. (2007). Curriculum in higher education in Australia - Hello?, in *Enhancing Higher Education, Theory and Scholarship, Proceedings of the 30th HERDSA Annual Conference [CD-ROM]*, Adelaide, 8-11 July. Retrieved April 16th, 2011, from:

<http://www.herdsa.org.au/wp-content/uploads/conference/2007/PDF/R/p227.pdf>.

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## Curriculum Drivers

### 1. Government:

- a. The Department of Education Employment and Workplace Relations (DEEWR) is the Department responsible for articulating and pursuing higher education policy. [www.deewr.gov.au](http://www.deewr.gov.au)
- b. State government departments whose mandate is looking after health and social care. Examples include the Victorian Department of Human Services ([www.dhs.vic.gov.au/home](http://www.dhs.vic.gov.au/home)) and Queensland Health ([www.health.qld.gov.au](http://www.health.qld.gov.au))
- c. The Australian Learning and Teaching Council [www.altc.edu.au](http://www.altc.edu.au)
- d. The Tertiary Education Quality Standards Agency (TEQSA) who are an independent body with powers to regulate university and non-university higher education providers, monitor quality and set standards. [www.deewr.gov.au/HigherEducation/Policy/teqsa](http://www.deewr.gov.au/HigherEducation/Policy/teqsa)
- e. Health workforce considerations also require attention initially. Workforce over or under supply in particular clinical areas may influence Government policy on curriculum development. See [www.hwa.gov.au](http://www.hwa.gov.au)

Curriculum managers need to be aware of the higher education context and how it influences specific university policies (e.g., quality/regulatory requirements) and clinical directions (e.g., health policy).

### 2. Professional bodies:

- a. Occupational Therapy Australia Limited (OTAL) is the national professional association for occupational therapists in Australia. OTAL deals with educational, professional and ethical matters. The national Association publishes the professional competency standards. The relevant state division should also be consulted to provide local context. Web Site: <http://www.ausot.com.au>
  - b. The World Federation of Occupational Therapy (WFOT) is the official international organisation for the promotion of occupational therapy; Web Site: <http://www.wfot.org>.
- Curriculum managers need to consult with professional bodies at all phases of curriculum development, implementation, and renewal.
  - OTAL has a specific process that addresses curriculum design (see accreditation requirements). OTAL may also have a specific position on aspects of curriculum design based upon member feedback that will be important to understand. Prior to establishment of a new program, OTAL should be engaged regarding new program development via [accot@ausot.com.au](mailto:accot@ausot.com.au) or by calling (03) 9415 2900.

### 3. Regulatory bodies (representing and advocating for the public):

- The Occupational Therapy Council (Australia & New Zealand) Inc. (OTC) is an independent body comprising membership from the national professional associations in Australia and New Zealand, Australian and New Zealand registration boards, and representatives from tertiary



education. The Board of Management is comprised of registered occupational therapists nominated by the professional associations (Occupational Therapy Australia Limited [OTAL]) and New Zealand Association of Occupational Therapists [NZAOT]), nominees from the Australian and New Zealand Council for Occupational Therapy Education (ANZCOTE), and community representation. The OTC currently assesses qualifications and skills of overseas trained occupational therapists and recommends recognition of accredited programs of study for registration purposes. The OTC has the charter, independence and capacity to undertake the full range of accreditation functions outlined by the National Law. One of the objectives of the OTC is to advise and make recommendations to the occupational therapy registering authorities or successor body(ies) relating to the accredited status to be granted to an occupational therapy education programs. Further information is available at: <http://www.cotrb.com.au/>

- In 2012, the five state/territory occupational therapy registration boards will be replaced by the Australia Health Practitioners Regulation Agency (AHPRA). Occupational therapy will be joining the National Registration and Accreditation Scheme (NRAS) in July 2012. Further information is available at: [www.nras2012.ahpra.gov.au](http://www.nras2012.ahpra.gov.au)
- New Zealand: The Occupational Therapy Board of NZ (OTBNZ) is the statutory body responsible for the registration and oversight of occupational therapy practitioners in New Zealand. The role of the Occupational Therapy Board of New Zealand (OTBNZ) is to implement the Health Practitioners Competence Assurance Act 2003 (HPCA Act). The purpose of the HPCA Act is to protect the health and safety of the public. A condition on a scope of practice means that a practitioner is permitted to practice on the condition that they fulfill the requirements set by the OTBNZ. These requirements are designed to protect the health and safety of the public and to ensure the practitioner gets the support they require to enable them to practice safely. Further information is available at: [www.otboard.org.nz](http://www.otboard.org.nz)
- It is important for curriculum managers to clarify and define any regulatory requirements in relation to curriculum design and content of occupational therapy program.

#### **4. Accreditation requirements:**

a) **Australia:** In order to gain recognition by the World Federation of Occupational Therapists and Occupational Therapy Australia Limited (OTAL), entry level occupational therapy education programs must be accredited by OTAL. Graduates from an Australian occupational therapy programs must have graduated from an accredited program to be eligible to practice. To achieve accreditation status, occupational therapy programs are assessed against:

- the Australian Minimum Competency Standards for New Graduate Occupational Therapists (ACSOT) (2010)



- the Australian Competency Standards for Occupational Therapists in Mental Health (1999)
- the World Federation of Occupational Therapists Minimum Standards for the Education of Occupational Therapists (2002)
- the World Federation of Occupational Therapists (2008) Entry-level Competencies for Occupational Therapists.

New programs must gain Interim Accreditation prior to the first student intake. A program is then normally reviewed for accreditation in the first semester of the final year of the program. Programs are subsequently reviewed every 5 years to maintain accreditation status. Midway progress reports are required half way through a five year cycle and at any point where major curriculum changes are being undertaken. Further information is available at: <http://www.ausot.com.au/inner.asp?pageid=329>

**b) New Zealand:** In New Zealand, in order to gain recognition by the World Federation of Occupational Therapists and the New Zealand Association of Occupational Therapists (NZAOT), entry level occupational therapy education programs must be accredited by the NZAOT. Graduates must have graduated from an accredited program to be eligible to practice. To achieve accreditation status, occupational therapy programs are assessed against the World Federation of Occupational Therapists Minimum Standards for the Education of Occupational Therapists (2002), and the World Federation of Occupational Therapists (2008) Entry-level Competencies for Occupational Therapists. Further information is available at: <http://www.nzaot.com/index.php>

##### 5. International context:

- Geopolitical and environmental events refer to any world event that has the potential to influence or inform occupational therapy practice.
- WFOT may make announcements on their website regarding an occupational therapy response to significant natural disasters. OTAL may do the same with National and regional events. <http://www.wfot.org>. <http://www.ausot.com.au>.
- Curriculum managers need to be politically aware and be able to respond to events external to their education program if they have a direct or indirect impact on their students or program itself. For example, some students complete part of their fieldwork education in other countries.

##### 6. Employers of graduates:

- Agencies and organisations who employ new occupational therapy graduates typically also provide fieldwork education opportunities for students and may include hospitals, rehabilitation centres, special developmental schools, early intervention centres, community health care centres, private practices, vocational rehabilitation services, private industry, local government, and mental health services.



- Curriculum managers need to consult employers at various stages of curriculum development, implementation, and renewal. Prospective employers will provide valuable feedback and input in terms of the repertoire of professional skills that new graduates students will require to be competitive in the market place.
- This could be done via an informal phone call, mailed survey or focus group. Employer representatives could also serve on university program curriculum review committees or program advisory committees.

## References and Resources

- Barnett, R., & Coate, K. (2005). *Engaging the Curriculum in Higher Education*. Maidenhead, UK: SRHE/Open University Press.
- Chalmers, H., Swallow, V.M., & Miller, J. (2001). Accredited work-based learning: an approach for collaboration between higher education and practice. *Nurse Education Today*, 21(8), 597-606.
- Cusick, A. (1999). Accreditation of occupational therapy educational programmes in Australia: time to do it our way? *Australian Occupational Therapy Journal*, 46, 69-74.
- Grady, M. D., Rozas, L. W., Bledsoe, S. E. (2010). Are curriculum decisions based on the evidence? How social work faculty members make choices in curriculum decisions. *Journal of Evidence-Based Social Work*, 7(5), 466-80.
- Gaff, J. G., & Ratcliff, J. L. (1997). *Handbook of the undergraduate curriculum - a comprehensive guide to purposes, structures, practices, and change*. San Francisco, CA: Jossey-Bass.
- Hicks, O. (2007) Curriculum in higher education in Australia - Hello?, in *Enhancing Higher Education, Theory and Scholarship, Proceedings of the 30th HERDSA Annual Conference [CD-ROM]*, Adelaide, 8-11 July. Retrieved on 16.04.2011 from <http://www.herdsa.org.au/wp-content/uploads/conference/2007/PDF/R/p227.pdf>
- Prideaux, D. (1993). Action research and curriculum change in a medical school: false starts and familiar constraints. *Educational Action Research*, 1(3), 375-386.
- Spallek, H., O'Donnell, J. A., Yoo, Y. I. (2010). Preparing faculty members for significant curricular revisions in a school of dental medicine. *Journal of Dental Education*, 74(3),



## Case Study Good Practice Guide 11: Knowing Your Curriculum Drivers - Charles Sturt University

Charles Sturt University's Strategy (2011-2015) <sup>1</sup> focuses on a commitment to excellence, integrity and sustainability in teaching and research for its students, professions, communities and staff. As the largest regional university in Australia with some 35,000 students, Charles Sturt University aims to provide an occupational therapy curriculum in its bachelor's programme that is responsive to the needs and challenges of regional students, staff, professionals and communities. This regional perspective filters strongly through the bachelor curriculum, providing an example of the university's branding (leading regional university) as a university level driver.

Within the Charles Sturt University Strategy documents strong values are articulated related to collaboration, student centredness, agility, being change agents, being reliable and inclusive. There are also very specific university strategies that focus on providing an enriching and supportive student experience in its regional campuses, supporting regional communities and their individuals to participate in higher education, provision of high quality graduates who meet professional workforce needs and strengthening international community connections. Broad University statistics suggest that some 60% of CSU students come from the immediate regional catchment areas and over 70% of graduates take up their first jobs in regional Australia. While there is an overt regional focus that filters through the curriculum there is also an emphasis on ensuring that graduates are able to work competently in both metropolitan, national and international contexts using the skills, knowledge and principles learned in their undergraduate degrees. The smaller campus environment at Thurgoona, Albury in regional New South Wales and smaller student cohorts than in metropolitan universities allows for many opportunities to provide student support and for staff to get to know students well.

Within the occupational therapy programme, occupational therapy staff members are drawn from the region, most work clinically to some extent in local occupational therapy, community and disability, school or hospital services, providing ready examples of local contexts and cases for teaching. There is a strong emphasis within the occupational therapy curriculum of connecting with regional communities, serving the educational needs of local students and connecting with the profession.

The regional and community connection starts early in the programme, with first year students engaging in 40 hours of volunteer fieldwork in the local community with relevance to occupational therapy such as in disability groups, aged care etc. They also undertake a course in sociology of health that addresses among other things regional/rural health issues. In the second year students engage in 10 hours group work in the CSU allied health clinic with podiatry and other allied health students or 10 hours of group work in the community such as helping with the breakfast group in neurology ward at Albury Base Hospital or a community horticulture group. During second year students also undertake an indigenous health course that addresses injustice as well as regional/rural health needs, and is undertaken in distance education mode.

<sup>1</sup> Charles Sturt University (2011). Charles Sturt University Strategy 2011-2015. [www.csu.edu.au/division/vcoffice/strategy-structure.htm](http://www.csu.edu.au/division/vcoffice/strategy-structure.htm)



In the third year students undertake a community development and health promotion course that focuses on regional issues. This course is aided by rural occupational therapists assisting with teaching into the course as well as local regional communities. Each year a regional community is selected as the focus, where members of the community present to students about the community and are available to answer questions addressing local issues. Students in pairs work on a community development project of use within the community based on a community needs analysis in consultation with local community members. Local therapists and other health professionals present on community development projects in which they are engaged in related to a range of topics such as health promotion in schools, mental health for farmers, issues with drugs/ alcohol etc.

Further in fourth year a compulsory course on Occupational Therapy in Context which addresses local, national and international perspectives is undertaken. In fourth year post placements, students also undertake an Enabling Strategies course that focuses on specialist areas of practice that is based on local issues and regional cases in areas such as drug/alcohol, dementia, work rehabilitation/ hands, paediatric traumatic brain injury. The complexity of these cases is enhanced by the mix of cultural, regional, social issues that are incorporated into the cases, each of which is addressed over a two week time frame using PBL teaching methodologies.

Throughout the occupational therapy curriculum problem based case scenarios are used that draw on regional examples, with input from expert local clinicians, and regional health services perspectives. All students must undertake at least one metropolitan hospital placement and complete three other placements which are in regional locations.

Some students are also able to undertake role emerging placements. This includes placement in schools, where occupational therapists do not typically work, that focus on such projects as health promotion topics and/or class based motor groups. With the option to do a fourth year placement in Vietnam, Bangladesh or Canada, students are given the opportunity to gain international experiences. This enables Charles Sturt University to provide students with rural, regional, metropolitan, and international perspectives.

Hence, the curriculum addresses in a very specific way the local context of occupational engagement, health, and well being in regional Australia as well as national and international contexts and global health issues. This ensures that the curriculum meets the OT Australia Limited Accreditation Standards, those of the World Federation of Occupational Therapists (WFOT) which address local and international contexts, as well as the specific regional focus that is pivotal to Charles Sturt University's branding as the leading regional university in Australia.

***Based on Interviews with Associate Professor Michael Curtin, Course Coordinator Occupational Therapy and Professor Nicholas Klomp, Dean Faculty of Science, Charles Sturt University.***



## Good Practice Guide 12: Engaging with Stakeholders

### Who are curriculum stakeholders?

There are professional and curriculum stakeholders who have considerable interest in how curriculum is designed and delivered, as well as the skills, attributes and knowledge required of occupational therapy graduates. Stakeholders are those individuals and groups that have an interest in skills, knowledge and competencies of occupational therapy graduates, influencing change and the direction of the pre-professional education for occupational therapists. Table 1 provides examples of groups who are professional stakeholders and those who are curriculum stakeholders.

### Professional Stakeholders vs Curriculum Stakeholders?

There are differences between professional and curriculum stakeholders. Curriculum stakeholders are key informers and drivers of the content, method of delivery, evaluation requirements and scope of curriculum that qualifies occupational therapists. Professional stakeholders have a broader interest in the profession of occupational therapy, the professional attributes of graduates, their work capabilities and conditions, specialty career development and knowledge and competencies. Both groups are related and important to the ongoing progress of the occupational therapy profession in Australia.

### Role of Curriculum Stakeholders

Curriculum stakeholders are essential to curriculum development. Collaboration with stakeholders and an open dialogue that invites recommendations, feedback, critique and advice can only serve to meld the content and method of delivery of the occupational therapy curriculum to meet the needs of the communities that graduates will be employed to serve.

The professional associations (national and international), set minimum educational standards and competencies that provide academic programs with an accreditation framework. The occupational therapy professional community (e.g., academics, clinicians, students), and other stakeholders directly influence the competency standards for entry level graduates. Recently, the occupational therapy profession updated the competency standards to better reflect the contemporary views and needs of stakeholders (Rodger et al., 2009). Active and open engagement with stakeholders resulted in improved and contemporary national competency standards that drive curriculum.

Consumer perspectives have long been included in the development of services provided by occupational therapists (Fortune et al., 2007). Meeting the needs of consumers, including future consumers, must be addressed within curricula. For example, in Australia, an increasing aged population creates the need to develop an occupational therapy workforce that will address the current and future needs of this age group. Consequently, the inclusion of content such as gerontology, home modifications and risk and safety management strategies, lifestyle re-design and post retirement occupations are important to include within a contemporary curriculum. Universities have academic guidelines for the design of both individual courses/units/papers/subjects and entire degrees in addition to setting entry level requirements. Within Australia, universities vary with respect to what is required to constitute a tertiary level qualification and the professionalisation of occupational



therapy now includes bachelors and master entry level programs (Farnworth et al., 2010). The Australian Qualifications Framework (AQF) is important in regard to the characteristics of each level of qualification from certificate through to doctoral qualifications. Further information is available at: <http://www.aqf.edu.au/>.

Clinical fieldwork educators, clinicians, academics and students are key stakeholders in fieldwork education, an important aspect of occupational therapy curricula (Rodger et al., 2011). Nearly thirty percent of an occupational therapy degree constitutes fieldwork placements. The quality of fieldwork experiences is crucial to the student (Kirke et al., 2007), and quality indicators must be established to provide both an accountability and quality assurance framework for this most important part of the curriculum (Rodger et al., 2011).

### Advice for Engaging Curriculum Stakeholders in Occupational Therapy Curriculum Development/Renewal

Firstly, the custodians of occupational therapy entry level programs need to identify who are their major curriculum stakeholders and engage and consult with them in developing, reviewing and redesigning curriculum. Having regular consultative meetings and dialogue with stakeholders is essential to ensure a relevant and contemporary curriculum to meet the needs of current and future consumers of occupational therapy services. This process ensures that the curriculum is both informed by the literature through the expertise of the occupational therapy education staff, as well as encompassing the contemporary practice based perspectives of key stakeholders. Informing curriculum stakeholders of the existing curriculum, the proposed changes to curriculum and rationale for these changes is an important strategy as well as inviting suggestions for curriculum modifications.

**Table 1: Examples of Groups of Stakeholders in Occupational Therapy**

Professional stakeholders	Curriculum stakeholders
Occupational Therapy Australia	Occupational Therapy Australia
World Federation of Occupational Therapists	World Federation of Occupational Therapists
Client groups	Client groups
Consumers: client and carers	Consumers: client and carers
Registration board	Registration board as students will be registered from 2012
Employers	Employers
Government-Federal, including specific departments (Department of Health and Ageing)	Occupational therapy students - current at various year levels present



Government- State	Occupational therapy fieldwork educators
Government- Local	Occupational therapy academics
Prospective students including specific target groups: indigenous, low socioeconomic subgroups; secondary students; graduates.	Government - all levels
Community/general public	University academic boards
Other health, human service and educational professions	Graduates of your program
	Other health, human service and educational professions

## References and Resources

- Farnworth, L., Rodger, S., Curtin, M., Brown, T. and Gilbert Hunt, S. (2010) Occupational therapy entry-level education in Australia: Which path(s) to take? *Australian Occupational Therapy Journal*, 57(4), 233-238. DOI: 10.1111/j.1440-1630.2010.00862.x
- Fortune, T., Maguire, N., Carr, L. (2007) Older consumers' participation in planning and delivery of mental health care: A collaborative service development. *Australian Occupational Therapy Journal*, 54(1), 70-74. DOI: 10.1111/j.1440-1630.2006.00594.x
- Kirke, P., Layton, N., & Sim, J. (2007) Informing fieldwork design: Key elements to quality in fieldwork education for undergraduate occupational therapy students. *Australian Occupational Therapy Journal*, 54(1), p. S13-S22. DOI: 10.1111/j.1440-1630.2007.00696.x
- Metzer, M.J., & Metz, G.A. (2010) Translating knowledge to practice: An occupational therapy perspective. *Australian Occupational Therapy Journal*, 57(6), 373-379. DOI: 10.1111/j.1440-1630.2010.00873.x
- Rodger, S., Clarke, M., Banks, R., O'Brien, M., & Martinez, K. (2009) A national evaluation of the Australian Occupational Therapy Competency Standards (1994): A multistakeholder perspective. *Australian Occupational Therapy Journal*, 56(6), 384-392. DOI: 10.1111/j.1440-1630.2009.00794.x
- Rodger, S., Fitzgerald, C., Davila, W., Millar, F., Allison, H. (2011) What makes a quality occupational therapy practice placement? Students' and practice educators' perspectives. *Australian Occupational Therapy Journal*, 58(2), 1-8. DOI: 10.1111/j.1440-1630.2010.00903.x

## Case Study Good Practice Guide 12: Stakeholder Advisory Committees

### Charles Sturt University - External Advisory Committee

Within the School of Community Health at Charles Sturt University each of the allied health professional programs (courses) has an External Advisory Committee. This committee meets twice a year and is convened by the occupational therapy Course Coordinator (program director). It is comprised of external occupational therapy clinicians representing a variety of different areas of occupational therapy practice in the region. Clinicians are invited by the Course Coordinator to join the committee based on discussions with staff members and current group membership. One postgraduate student sits on this committee. There are no undergraduate students, consumers or academic staff on the committee. The Course Coordinator is the chair.

In consultation with the committee members, terms of reference were drawn up and agreed to.

### Occupational Therapy External Course Advisory Committee - Terms of Reference

“Faculties will establish a Course Advisory Committee to ensure the academic standing of the course remains high and that the course is relevant to the profession(s) it serves. Such committees are advisory to the Dean on matters relating to the content and structure of the course and on the course’s standing in relation to meeting the need of the profession(s) the course serves.” (Charles Sturt University Academic Manual)

The role of the External Course Advisory Committee will be to provide advice inter alia on:

- The professional requirements to be met by the course;
- Course philosophy, content and structure;
- Infrastructure requirements for the course (eg, staffing, buildings, library, etc);
- Course implementation issues (eg, securing clinical placements); and
- Liaison with the professional body and other relevant groups.

According to CSU’s academic regulations the objectives of an advisory committee are to:

1. Ensure that the academic standing of courses remains high. To this end, the advisory process chosen for the development and review of a particular course will be one that assists in ensuring that:
  - The course is current and constitutes an intellectually challenging and stimulating learning experience;
  - The course has clear and appropriate aims and objectives;

- The course content, including teaching and learning experiences and assessment strategies, is at an appropriate level and is consistent with the aims and objectives of the course; and
2. Ensure that courses remain relevant to the professions they serve. To this end, the advisory process chosen for a particular course will be one that can provide an awareness of:
- The changing needs of the community;
  - The professional reputation of the course;
  - The changing focus of those professions; and
  - Existing, emerging, and potential markets.

### Terms of Office for the Occupational Therapy EAC (Ratified 1 May 2006)

1. The External Advisory committee will consist of up to 6 external members, 2 members of the occupational therapy teaching team, one postgraduate and not more than 2 undergraduate student representatives.
2. The course coordinator of occupational therapy will be one of the teaching team members, and will chair the meeting.
3. Quorum of the meeting will be half of the members + one (in line with CSU committee policy).
4. All other members of the occupational therapy teaching team are encouraged to attend and participate in the EAC, however are considered ex-officio members.
5. Term of office of external members of the committee shall be for a period of three years from date of initial appointment.
6. With agreement of the committee and the member, membership can be renewed.
7. Members are recruited for the expertise and informed opinion they bring to the meeting, not necessarily linked to their employed role.
8. The Course Coordinator, in consultation with the Committee, may co-opt additional members to the committee for specific issues. Co-opted members will not have voting rights.
9. The committee may recommend the co-option of additional members where areas of expertise or new members are required.
10. Where a member is unable to actively participate in two successive meetings, the course coordinator will contact that member and query their ongoing availability





for the EAC. Where a member has not been able Occupational Therapy External Course Advisory Committee Terms of Reference. (2009). Albury, New South Wales: Occupational Therapy, School of Community Health, Charles Sturt University.

The role of the committee is to provide feedback to the Course Coordinator and occupational therapy staff about how the programme is preparing students for practice. This takes on specific importance during accreditation and internal curriculum review reporting cycles and when major curriculum changes are being mooted or underway.

Recently there has been a plan to change the meeting schedule to once a year and for a longer period to enable more in depth discussion of pertinent issues as they arise. Typically the Course Coordinator provides a report on student numbers, progression, outcomes and fieldwork placements. Minutes of Advisory Committee meetings go to the School Board and Faculty hence can be useful to programs where leverage is needed in making change that may be proposed by the profession in consultation with the occupational therapy discipline.

Other mechanisms for ongoing contact between local clinicians and other stakeholders with the occupational therapy program staff exist such as during placements, interprofessional supervision training, contact with clinicians teaching into courses/subjects, visiting students on placement, CSU staff who work clinically as well as on campus, development of a pool of clinicians who engage in marking for staff to assist with assessment workload but also provide input on quality, marking rubrics, students' level of understanding and response to questions etc. The planned CSU Centre for Engagement and Wellness also provides an opportunity for community consultation with respect to clinical and community needs.

### Auckland University of Technology - Curriculum Advisory Group

AUT's occupational therapy curriculum advisory group has consumer representatives as part of the group which has been in place since the program started in 1991. Consumer representatives were sourced from advocacy groups and who have had experience of occupational therapy services. The staff gains input from the group in relation to critiquing the direction of the curriculum, ideas on what to teach students as well as input on auditing of programs. For example the consumers on the group have been effective in advocating for more consumer engagement in the teaching of occupational therapy students.

Some things that have not worked so easily include:

- Difficulty with consumers being unsure of role on committee or that they have not contributed much at meetings - sometimes higher level strategic discussions take place, which are less relevant to them and more difficult for them to comment on.
- Currently AUT does not provide reimbursements for travel and consumers are not paid to attend.



Some important considerations include; finding the right people who can represent consumers broadly, developing relationships with advocacy groups and ensuring sufficient nurturing or training of consumers in their roles on the group and supporting them in managing this role and becoming familiar with university mechanisms. Some of the skills/abilities needed include:

- Willingness to speak up and contribute
- Not be afraid to challenge others, only one consumer on a committee of 14-15 professionals can be overwhelming.

Consumers appear to really value the opportunity to contribute to advisory committees and to be engaged with student learning and teaching. Consumers are also involved in the both the AUT and CSU curriculum as teachers especially in relation to sharing their stories or experiences. Students really value consumer input at this level.

***Based on Interviews with Associate Professor Michael Curtin, Course Coordinator Occupational Therapy, Charles Sturt University and Dr Kirk Reed, Auckland University of Tech***



# Good Practice Guide 13: Engaging Consumers as Stakeholders in Curriculum Design and Reform

## Who are our consumers?

**Consumers** refer to individuals who use or have used occupational therapy or other allied health/health services past, present and future. They may represent either the collective interest (consumer advocacy or activism, often representing a particular organisation) or individual interest (their own experiences such as carers/parents or individuals with particular health or occupational performance concerns). These can be fluid rather than mutually exclusive roles.

## Why engage consumers?

Consumers are key stakeholders of health education and university programs. Those who have involved consumers in curriculum development have described the experience as highly beneficial, providing a unique perspective (Alahfi & Burge, 2005; Gutteridge & Dobbins, 2010). Students also report positive outcomes from consumer engagement in health education (Morgan & Jones, 2009). Although limited research exists, consumer engagement in health education has been described as having:

- A positive impact on student learning, (Gutteridge & Dobbins, 2010)
- A positive change on student attitudes and stigma toward clients/patients (O'Reilly, Bell, & Chen, 2010)
- And students are more likely to empathise with clients and take on a more individualised approach to assessment and treatment (Wood & Wilson-Barnett, 1999)

Consumers' involvement in health services development and review is becoming standard practice however their involvement in health education and curriculum development is still relatively new. The World Federation of Occupational Therapists (WFOT 2008, 2010) *Consumer Interface Project* endorsed capacity building for consumers to interface with and participation in occupational therapy service provision as well as education. Consumers can provide:

- Perspectives on their service delivery experiences.
- Views on skills/knowledge students need when communicating with consumers (especially non technical aspects of care).
- Insights into lived experiences with health conditions.
- Feedback on modules/units of study.
- Feedback about graduates' skills and how these could be improved.

Consumers themselves feel that engagement is important as they provide real world experience, keeping programs/curriculum relevant. Consumers who have engaged in curriculum reform feel they can contribute to the education of students and therefore create better health services.

## Continuum of Consumer Involvement

The Trent Strategic Health Authority suggested a continuum of involvement for consumers in health education (TrentSHA, 2005) from:

- *little involvement* with no consumer involvement in curriculum planning or delivery;



- o *emerging involvement* with minimal level of involvement, being invited to tell their stories or being invited to consult in curriculum planning;
- o *growing involvement* where consumers contribute to aspects of education (planning, delivery and review) such as ad hoc provision of advice to teaching committees or staff on specific pre-determined issues/areas;
- o *collaboration* where consumers contribute to key decisions (membership of teaching and learning committees, subcommittees, membership of formally constituted consumer reference groups that advise faculty teaching and learning committees) and the value of this is acknowledged with financial reimbursement as well as acknowledgement within the organisation;
- o *partnership* where consumers work equally with professionals as joint decision makers.

### Considerations Regarding Engaging Consumers (Chenery et al., 2007)

#### Consider the **purpose** of the proposed consumer engagement

Why do you wish to involve a consumer on this group? For example to ensure that teaching and learning produces graduates with an excellent understanding of clients' needs and knowledge and skills to meet these needs.

#### Ensure there are **well defined goals** regarding consumer engagements that are agreed on by all relevant stakeholders.

Clarify purpose of committee or group that you propose to ask consumer to be involved with.

Develop terms of reference for the group.

Consider the skills and perspectives that will be required for productive group membership.

#### Be clear about the **type and depth of expertise** sought.

Consider condition specific expertise from an individual perspective (e.g., someone who has a mental health condition) or collective (e.g., representative of the Multiple Sclerosis Society).

Expertise as consumer of health services from broad life experiences.

#### Consider **type of consumer engagement** that is achievable.

Be realistic as this is not a cost or resource neutral activity.

### Barriers to Engaging with Consumers

**Attitudinal Barriers** relate to whether group or committee members want consumer participation and whether there is a genuine commitment from the School in terms of resource allocation.

**Resource Barriers** relate to the type of consumer involvement envisaged in relation to the administrative/organisational structures needed to support this such as developing appropriate terms of reference, administrative time and costs in consumer recruitment, development of briefing documents, payment of honoraria, travel and parking costs, suitability of meeting times, training of consumers



regarding tertiary level teaching and learning policy and terminology to enable meaningful participation, consideration of opportunity costs (what else might be done with resources dedicated to consumer involvement).

## Enablers of Consumer Engagement in Advisory Groups (Chenery et al., 2007)

### **Teaching and Learning Committee or School**

- o Be clear about the purpose of consumer involvement and shared goals are developed.
- o Ensure expert chairing of committee/ advisory group so that consumers are meaningfully engaged, shown respect and appreciation of their involvement.
  - Consumers report positive experiences of advisory group participation when they feel their opinions and experience is welcomed and valued.
- o Ensure equitable participation of all members and clarity about the input requested from consumers is considered
- o Ensure that consumer engagement is congruent within the School's focus, philosophy and appropriate time and resources can be committed.
- o Consider consumer recruitment (individuals known to staff, organisations who can nominate an appropriate person, organisations with whom you wish to make contact, advertisement in newspapers).
- o Consider consumers' motivation re engagement - what is in it for them?

### **About the Consumers**

- o Ensure consumers have the abilities and characteristics that will match the groups' purpose and goals.
- o Consumers feel that to engage in curriculum reform consumers must be willing to contribute their opinion, experience and be willing to listen to others.
- o Have at least two consumer representatives on a committee to prevent feelings of isolation and disempowerment (National Resource Centre for Consumer Participation in Health, 2004).
- o Ensure the consumer representatives are drawn from groups who have an interest in occupational therapy/health curriculum.
- o Consider consumer characteristics (condition/disability specific groups; people sharing similar experiences such as parents/carers; population groups with shared identity such as older persons; those with particular cultural identities such as Indigenous peoples).
- o Consumers themselves feel there needs to be a variety of people involved, with a range of experiences and backgrounds.

### **Support Consumers**

- o Support consumers who have limited prior experience with committees/ groups in order to maximise their contribution.
- o Ensure clear terms of reference re purpose, scope, responsibilities, and accountabilities.
- o Allow time for consumers to consult with constituencies if they are representing an organisation/group and enable reporting back.
- o Consider confidentiality.



- o Ensure academic staff members have realistic expectations of consumers' contribution.

### **About Resources and Logistics**

- o Consider logistics of meeting times, parking, physical access of meeting venues, transport.
- o Ensure reimbursement of out of pocket expenses such as parking/transport.
- o Provide an honorarium for participation (Spink, 2001).
  - Consumers report this is not only important financially but symbolises the organisation's value of their contributions.

### **Obtain Feedback**

- o Develop an evaluation framework such that feedback can be gained and appropriate modifications made as required.

### **References and Resources**

- Alahlafi, A., & Burge, S. (2005). What should undergraduate medical students know about psoriasis? Involving patients in curriculum development: modified Delphi technique. *BMJ*, 330(7492), 633-636.
- Chenery, H., Wilson, A., Nitz, J., Forrest, A., & Goodall, S. (2007). *Consumer Engagement in Teaching and Learning in the Faculty of Health Sciences* Brisbane: Faculty of Health Sciences, University of Queensland.
- Gutteridge, R., & Dobbins, K. (2010). Service user and carer involvement in learning and teaching: A faculty of health staff perspective. *Nurse Education Today*, 30(6), 509-514.
- Health Issues Centre (n.d). <http://www.healthissuescentre.org.au/participate/> (Accessed 3 April 2011)
- Morgan, A., & Jones, D. (2009). Perceptions of service user and carer involvement in healthcare education and impact on students' knowledge and practice: A literature review. *Medical Teacher*, 31(2), 82-95.
- National Resource Centre for Consumer Participation in Health (NRCCPH). (2004). *Consumer information series. Participation on committees.* [http://www.health.vic.gov.au/healthpromotion/evidence\\_res/consumer.htm](http://www.health.vic.gov.au/healthpromotion/evidence_res/consumer.htm) (Accessed 3 April 2011).
- O'Reilly, C. L., Bell, J. S., & Chen, T. F. (2010). Consumer-led Mental Health Education for Pharmacy Students. *American Journal of Pharmaceutical Education*, 74(9).
- Spink, J. (2001). To pay or not to pay that is the question? *Health Issues*, 68, 12-17.
- Trent Strategic Health Authority (2005). *Principles for Practice: Involving service users and carers in health education and training.* Mansfield: Trent Strategic Health Authority.





Wood, J., & Wilson-Barnett, J. (1999). The influence of user involvement on the learning of mental health nursing students. *Nursing Times Research*, 4(4), 257-270.

World Federation of Occupational Therapists. (2008). *Consumer interface project* [http://www.wfot.org/office\\_files/WFOT%20HR%20consumer%20interface%20article%20080808.pdf](http://www.wfot.org/office_files/WFOT%20HR%20consumer%20interface%20article%20080808.pdf)

World Federation of Occupational Therapists. (2010). Position Statement: Consumer interface with occupational therapy. [http://www.wfot.org/office\\_files/Consumer%20Interface%20OT%20Position%20Statement%20CM2010%20April2010update%281%29.pdf](http://www.wfot.org/office_files/Consumer%20Interface%20OT%20Position%20Statement%20CM2010%20April2010update%281%29.pdf)

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## Case Study Good Practice Guide 13: Example of a Consumer Advisory Group at UQ

The University of Queensland's Faculty of Health Sciences has a consumer advisory group which meets two to three times a year for approximately 2.5 hours. The group was started in 2006 and includes consumers and representatives from each of the faculty's schools.

Consumers were nominated by the head of schools and although consumers have a certain disability, injury or were sought from a particular organisation they highlight that none of the members represent an organisation and that it is important that each consumer represents themselves and their experience. Consumers identified at their first meeting that they were not well represented and sought to include an indigenous representative and younger consumers. A mix of people from the community is important to consumers.

The terms of reference for the group are described below.

*The FHS Subcommittee will advise on consumer issues relevant to:*

- 1. Strategic directions for future program and course development.*
- 2. Proposed development of or changes to courses, programs or entry requirements for undergraduate and postgraduate coursework programs.*
- 3. Developments in the fields, disciplines and professions relevant to the programs monitored by the Board of Studies.*
- 4. The performance of existing programs via triennial program reports.*
- 5. Any other matter referred to it by the Executive Dean.*

Consumers feel that they contribute by emphasising to Faculty the value and importance of consumers in the education of students. They provide the perspective of those in the real world using the system. They are involved in discussions about new procedures or standards and bring a consumer perspective to these issues. Specifically consumers in this group have discussed the need for students to be engaged more often with consumers during their education, the changing focus/standards of the faculty's health programs and student's challenges with this, and discussions around the awareness of the community on health issues and how this can be addressed in the faculty's programs. They also contributed to the faculty by bringing a general recognition of the faculty working as a team and that other members outside of medicine are better for some aspects.

Consumers feel that to be involved in such a group, people need to come with an open mind and be willing to contribute and listen to others in the group. It also helps to have had experience with the health system and/or students. Consumers in the group value being paid for their time as this helps them to feel meaningfully engaged. Consumers became involved in this group as they felt they could contribute to the education of students, and that their perspective was important to be heard in this setting.



Consumers feel that a separate consumer advisor group opposed to consumer representatives on a general advisory group or curriculum committee was beneficial as it allowed the relevant issues to be discussed. They felt that on a higher order committee or group, their representation may be tokenistic and that they would not be able to contribute meaningfully as they may not have the knowledge or expertise. One difficulty with having a separate consumer advisory group however was keeping the topics relevant; consumers felt that it was important discussions were directed by a faculty member.

Consumers of this group have enjoyed their participation and have felt their contributions were valued by the faculty. They would recommend that other universities consider having an advisory group as any involvement with the community is valuable and can only help the students, keeping the programs relevant. Their advice to other universities considering a similar group was to include a variety of consumers and ensure that members of the group are regularly and consistently communicated with, that they are informed on the progress of the group and general information and issues in the faculty. They also felt that consumers in the group should regularly engage with the students whose education they are commenting on.

***Based on Interviews with two consumer members of the Faculty of Health Sciences Consumer Advisory Group at The University of Queensland, May 2011***



## Good Practice Guide 14: Determining Curriculum Content

This part of the curriculum design process has been described as most challenging as it requires significant planning and careful consideration (Tuning, 2007). There are many ways of structuring a whole program curriculum or slicing the cake. This *Good Practice Guide* provides ideas about how to go about this decision making process.

### Considerations:

#### 1. Accreditation Standards for Occupational Therapy Education:

- Start at the end (what you want a competent occupational therapy graduate to look like) and work backwards. Learning outcomes of occupational therapy programs are guided by international and national accreditation standards (WFOT, OTAL, PARC, OTBNZ and NZAOT<sup>1</sup>).
- Curriculum content must be focused on occupation and include a minimum of:
  - i. 60% occupation and occupational therapy (including fieldwork)
  - ii. 10-30% focused on knowledge supporting an understanding of body structure and function and biomedicine
  - iii. 10-30% focused on knowledge supporting an understanding of the human and social environment and social perspectives of health (WFOT, 2002).

#### 2. Develop a Framework:

- One of the first steps in designing or re-designing a whole curriculum or program is to determine a framework which will guide the process of deciding what content to teach. When developing a framework, it is important to consider what fundamental ideas, knowledge, skills, and attitudes occupational therapy students must develop for competent practice. Some universities have a strong focus on rural and remote issues, while others may or emphasize research. Within your team, take some time to thoughtfully identify what qualities you want graduates of your program to possess. See *Good Practice Guide 7 for Developing a Curriculum Vision*. Consider questions such as: Does your institution have a specific focus which will influence the approach you take to designing curriculum?
- Keep in mind that the aim of a curriculum framework is to cause the least repetition and redundancy in subject matter and to ensure consistency or approach, flow of material and logical sequence. The curriculum content should build from year to year and course to course.
- Next, the structure of the program must be determined with sound educational practices in mind. It is important to determine a rationale for what combination of teaching methods will be used. Some considerations include:

<sup>1</sup> World Federation of Occupational Therapy (WFOT); Occupational Therapy Australia Ltd (OTAL), Programme Approval and Review Committee (PARC), Occupational Therapy Board of New Zealand (OTBNZ); New Zealand Association of Occupational Therapists (NZAOT)

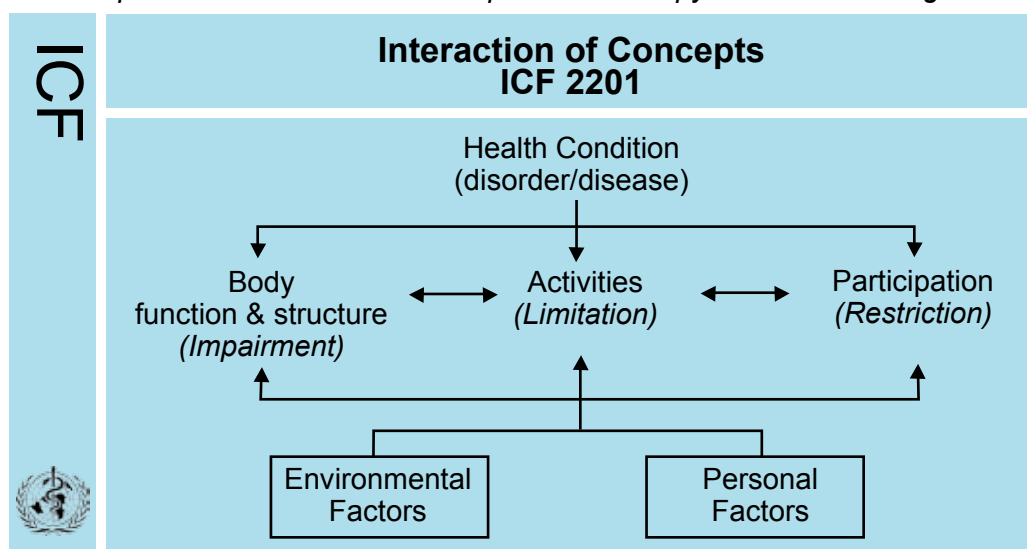


- How will the students best learn?
- What should students encounter first- theory or practice?
- Are there common threads of teaching that need to be carried through all the degree years e.g. reflection, client-centred practice?
- How will students develop professional behaviours and skills?
- Will students learn in lectures, tutorials, individual or group projects, in online environments or face to face?

### 3. Curriculum Frameworks:

- Should be in line with contemporary occupational therapy practice.
- Outline the philosophy and purpose of the program that informs curriculum content and sequence of delivery of the program.
- Consider how foundation subjects such as anatomy, psychology and sociology are integrated into the occupational therapy framework. Knowledge such as this can be integrated within a contemporary occupational therapy teaching practices.
- Consider carefully the titles and focus for each module/paper/course/subject. How does this fit in the local context and within philosophical profiles? What is the best sequencing of modules to scaffold learning and develop necessary knowledge, skills and actions?
- Should have a balance of “knowing, acting (doing) and being” foundation stones within the teaching (Barnett & Coate, 2005).

*An Example of a Framework for Occupational Therapy Curriculum Design:*



(World Health Organization, 2001)

*Using the International Classification of Functioning, Disablement and Health (ICF) (World Health Organization, 2001) as an organizing framework, an occupational therapy program may include units that focus on activities and participation and would cover topics such as: home and community occupations, work and employment, education, play, and leisure, as well as self-care and mobility occupations. While other units may focus on body function and structure knowledge that underpins occupational therapy practice such as anatomy, physiology, and sensory-motor, psychosocial and cognitive assessment and intervention strategies. In each of the units the impact of various health conditions, environmental and personal factors on meaningful occupational performance and participation are examined. Occupational therapy theories and philosophies as well as communication skills, collaboration, cultural competency and knowledge of health promotion and systems are offered in specific units and are embedded into the framework as well.*

Alternatives might be to consider a practice model such as the Canadian Model of Occupational Performance- Enablement (CMOP-E) (Townsend & Polatajko, 2007) as a framework to construct a spiral curriculum around.

#### **4. Learning Outcomes:**

- a. Learning outcomes should direct the content of the program by guiding the choice of teaching and learning activities, the teaching or learning environment in the classroom, online, and during clinical placements, as well as the assessment tasks.
- b. Learning objectives should be expressed as verbs that relate to levels of thinking skills (Biggs & Tang, 2007). For example, a learning outcome could be to: **Critically evaluate approaches to intervention using major paediatric frames of reference used in occupational therapy.**
- c. Create learning experiences using teaching/learning activities that address the verb and are likely to bring about the intended outcome. Hence students would given multiple opportunities to develop their critical evaluation skills in the context specified in the learning outcome.

Ensure that assessment tasks are as authentic as possible and valid in that what is specified in the intended learning objective is actually assessed. This can be achieved by using the assessment tasks that also contain that verb (critically analyse in this example) which will enable you to judge the student's performance based on the criteria stated in the intended learning outcome (Morgan et al., 2004).

- d. Learning outcomes are guided by WFOT, OTAL, and NZOT standards as well as the 'graduate attributes' declared by the university, school, or department. Include outcomes that address graduate attributes. To be competent on graduation graduates of professional programs such as occupational therapy, need to acquire more than knowledge that is specific to the discipline.





Graduates must learn important generic skills such as communication, lifelong learning, creativity, ethics, intellectual rigour and cultural awareness. These important graduate attributes should be embedded throughout the curriculum and explicitly assessed in order to ensure competency has been achieved.

e. Tips for writing effective learning objectives:

- Ensure that the objectives align with the assessment tasks, the content, and the teaching and learning activities.
- A unit needs only four to five objectives - these should not be a summary of the content, rather should be a set of statements which explain what the students need to know, do and value by the end of the unit.
- Start each objective with an action verb.
- Use only one action verb per learning objective.
- Avoid vague verbs that are difficult to measure such as *know* and *understand*.
- Check that the verbs used reflect the level of thinking and learning required. Taxonomies such as those developed by Bloom (1956) give examples of verbs along a hierarchy from simple cognitive tasks to more complex cognitive tasks. Skills such as synthesis and analysis are more complex than skills such as identifying or defining.
- Ensure that the objectives are measurable and observable.
- Write the objectives in a student-centred format: in terms of what the learner does rather than what the teacher does.

## 5. Threshold Concepts:

Threshold concepts are key concepts within disciplines that when understood, transform thinking and view of the world (Meyer & Land, 2003). These can be particularly difficult to teach and learn; by their very nature they are troublesome. However they must also meet other criteria such as being irreversible, transformative, integrative, and bounded by the discipline. Identification of these may be useful for curriculum teams to consider and describe in terms of their context.

- a. Identify what are the fundamental concepts that underpin the practice of occupational therapy (i.e., purposeful and meaningful occupation)
- b. Use these threshold concepts to avoid having an “overstuffed” curriculum and to determine what is most important to include in content and assessment. Threshold concepts lead the way to



therapists who are able to “think and practice” like occupational therapists and do not just have a set of therapy skills.

- c. Sometimes the sheer obviousness of some threshold concepts (to those of us who have incorporated this knowledge into our practice ages ago) means that we don’t pay enough attention to explicitly teaching them. For example, it is quite clear to experienced therapists that meaningful and purposeful activity/occupation is the foundation of occupational therapy practice, however students need to be socialised into understanding how the profession views this concept as distinct to a lay person’s view of occupation as paid employment.

## **6. Hidden Curriculum (Barnett & Coate, 2005):**

Hidden curriculums are those concepts, knowledge and skills students are expected to learn but are not explicitly taught. These hidden aspects can become stumbling blocks for student progression. The hidden aspects could be the expected level of professional behaviour required on fieldwork, the required social interaction expected between colleagues, academic writing skills, knowledge of the links between papers/units/modules/subject/courses, and self-management skills. It is important that these are identified and made explicit to students via such things as student/programme handbooks, group presentations, fieldwork preparation tutorials or other appropriate means.

## **7. Other Curriculum Content Considerations:**

- a. Curriculum content should be comprised of recent, peer reviewed, evidence-based information. A considerable amount of research needs to be done. Academics must be aware of existing evidence for concepts taught in the curriculum and also contribute to the knowledge base of the field through original research.
- b. Enable students to have as much choice as possible in determining what to study. Students can make choices from a set list of topics for individual or group assignments or guide their own learning through facilitated discussions.
- c. Be realistic about the quantity of content included relative to the time allotted and competing demands on student time (i.e., other units/courses/subjects undertaken simultaneously).
- d. Be mindful of the assessment scheduling across the year and the competing demands placed on students. Make these transparent and available to students.
- e. Chunk it! Organize the content into sections, modules & topics. Make sure each “chunk” has a learning objective and related learning activities.
- f. Decide how content will be sequenced and make this explicit in curriculum documents shared by all teaching staff.



- g. Consider the need for pre- and co- requisites across the program especially in regards to fieldwork. Important considerations include whether students be able to undertake clinical practice experiences without having passed pre-requisite courses. Duties of care issues are important to consider in this regard. Consider having a capstone course/subject/paper/unit module that reviews all the teaching and is an opportunity for students to demonstrate that they have achieved the learning outcomes for the programme. The capstone course should integrate the learning from the courses from the rest of the academic experience. It requires the application of that learning to a project that serves as an instrument of evaluation. *See Good Practice Guide 15: Curriculum Sequences from Gateways to Capstones*. Consideration should be given to whether the course fosters interdisciplinary partnerships among university departments or within the clinical setting (Epstein, 2007).

## 8. Preventing Curriculum Drift:

Over time curricula can experience a drift away from what the original intent of the programme. This means that the intended development of graduate attributes, professional competencies, and the taxonomic structure of assessment tasks across a programme are at risk. This often happens with changes in staff and if course coordinators make a course/subject “their own” based on past experiences and knowledge. To prevent this from happening it is important that the curriculum vision and development is a collective endeavour with all staff having a contribution to its shaping. One way to ensure the curriculum content stays on track is to have regular curriculum reviews with all teaching staff of what the original intentions were and where the programme currently stands. Small and frequent reviews are suggested such as six monthly or annually. These could take the form of a content mapping process with a focus on a particular strand that may run through the curriculum (e.g. occupation or spirituality).

## 9. Competing Demands:

- a. **Service teaching:** Many universities adopt an overall model driven by fiscal demands of serving the majority of students with just adequate resources. Service teaching can be valuable to learning and teaching making crucial contributions to graduate capabilities. However, service teaching can also be detrimental to a student’s first year experience, particularly where the service teaching sits outside the occupational therapy department and does not hold the same signature pedagogies or philosophies and staff do not make explicit its relevance to the occupational therapy discipline. In this regard, it is critical that occupational therapy curriculum leaders take an active role in the development and review of service teaching to ensure it is meeting their needs.



- b. Electives:** Some universities encourage the use of electives where students can choose a particular path or speciality to practice. Electives can be general or specific in the knowledge they convey (e.g. rehabilitation concepts, health promotion). Electives can have the advantage of giving students specialist detailed skills in a certain area. However, this can also lead to too much specialisation. Consideration needs to be given to the national professional practice context whether electives are justified and if they fit within the chosen curriculum framework and philosophy of occupation centred curricula.

## References and Resources

- Barnett, R., & Coate, K. (2005). *Engaging the curriculum in higher education*. Maidenhead, UK: SRHE/Open University Press.
- Biggs, J., & Tang, C. (2007). *Teaching for Quality Learning at University* (3rd ed.). Berkshire, UK: McGraw Hill and Society for Research into Higher Education and Open University Press.
- Bloom, B.S. (Ed.) (1956). *Taxonomy of educational objectives: Cognitive domain*. New York: McKay.
- Epstein, N. V. (2007). A capstone teaching project for undergraduate nursing students: development of a visual teaching-learning tool. *Journal of Nursing Education*, 46(5), 235-7.
- Morgan, C., Dunn, L., O'Reilly, M., & Parry, S. (2004). Chapter 4: Valid assessment in C. Morgan (Ed.). *The student assessment handbook* (pp. 29-33). London, UK: Routledge.
- Meyer, J.H.F. & Land, R. (2003), *Threshold concepts and troublesome knowledge: linkages to ways of thinking and practising*. In: Rust, C. (ed.), *Improving Student Learning - Theory and Practice Ten Years On*. Oxford: Oxford Centre for Staff and Learning Development (OCSLD), pp 412-424. [See also for an on-line version: Enhancing Teaching-Learning Environments in Undergraduate Courses, ETL Project, Occasional Report 4, May 2003]
- New Zealand Association of Occupational Therapists (2007). NZAOT *Occupational Therapy Process Standards*. Retrieved from: <http://www.nzaot.com/>
- Occupational Therapy Board of New Zealand. (2011). Functions of the Board. Retrieved from <http://www.otboard.org.nz/AboutUs/BoardFunctions.aspx>
- Occupational Therapy Australia Limited (2010). *Australian minimum competency standards for new graduate occupational therapists (ASCOT) 2010*. Retrieved from: <http://www.ausot.com.au>
- Toohey, S. (1999). *Designing courses for higher education*. Buckingham: SRHE and Open University Press.

Townsend, E. A., & Polatajko, H. J. (2007). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation*. Ottawa, Ont: Canadian Association of Occupational Therapists.

Tuning (2007). *Reference points for the design and delivery of degree programmes in occupational therapy*. University de Duesto, Spain: Tuning Project

World Health Organization (2001). Towards a common language for functioning, disability and health: ICF the international classification of functioning disability and health. Retrieved from: <http://www.who.int/classifications/icf/en/>.

World Federation of Occupational Therapy (2002). *Minimum standards for the education of occupational therapists*. WFOT.



## Case Study Good Practice Guide 14: Case Example of Curriculum Vision Driving Coursework Structure, Sequence and Fieldwork: Integration of Vision for Graduates, Educational Philosophy and Local Context

The curriculum in the Bachelor of Occupational Therapy Program at Monash University is strongly aligned with a focus on health promotion and community capacity building at a local level. Situated on the Mornington Peninsula south of Melbourne, the Department seeks to engage with local stakeholders - practitioners, health service providers and other community services. The desire to make a difference locally emerged from the rejuvenation of the Peninsula Campus of Monash University through attracting health programs that could impact the health and wellbeing needs of the local community. The health promotion and community capacity building focus permeates the design of the curriculum, its content and sequence of courses and learning activities. For example, following foundations of health courses, occupational science and foundations of occupational therapy courses in year 1, students undertake a series of courses in years 2 and 3 in enabling occupations, occupational performance, evidence based practice and health promotion.

These prepare students for two semesters of participatory community placement (PCP) courses across year 3 and year 4 which require pairs of students to engage with a community organisation (sponsors) who provide the University with projects for students to undertake. The students work two days a week over two semesters on this fieldwork with the sponsoring agency. Many of these agencies do not have an occupational therapist. They meet fortnightly with their Monash based OT supervisor who provides student supervision, either individually, in pairs or in peer groups. The students work in collaboration with the organisation, undertaking a situational profile then developing and implementing their action plan. In the first semester, the situational profile includes population goals and project objectives, project deliverables, project operations, such as timelines and resource management, and an evaluation plan to monitor and control the project. In the second semester students implement the project, produce the deliverables for the agency and plan and conduct a review evaluation determining project effectiveness and efficacy to inform their recommendations for sustainability and improvement. Students obtain 320 hours in total of fieldwork for the PCP project placement although only 240 hours contributes to the mandatory 1,000 fieldwork hours. This provides significant immersion over the two semesters within the organisation. During the placements students complete a reflection journal and time use diary where tasks are detailed and coded and then summarised and audited for reporting purposes. This supports the sponsor signing off on completed fieldwork hours. Students complete a self-evaluation using the SPEF-R section B that is discussed with, and signed off by, the agency sponsor and Monash supervisor.

Examples of projects include work with sponsors such as the Brotherhood of St Laurence, City Councils, Community Health services, local primary schools and a number of smaller community agencies catering for vulnerable groups such as the homeless and at risk youth. Project themes have included men's sheds, barriers to pet ownership by the elderly, parental capacity for developing school readiness, disability access in mainstream youth services, and physical activity of the homeless and youth with disability service. Where feasible, and as projects and the sponsoring organisations become more established, projects are continued





over a number of project rounds, being handed over to the next pair of students ensuring deliverable sustainability and strengthened partnerships. A number of projects have been successful in attracting funding from their agency. For example a project at a local primary school was successful in obtaining substantial funding through the FAHCSIA Communities for Children Fund. Over 60 agencies have been partnered through these units. The feedback is overwhelmingly positive suggesting that the design of these units and fieldwork ensures the students are supported in being project managers who are able to contribute a valuable service to the agency. Another indicator of this is that now more projects are put forward by the community than there are student pairs to take these up. While some students find these PCP placements challenging, especially when there is no established occupational therapy role, they provide positive feedback on completion about their learning experiences, such as the development of personal organisation, time management skills, problem solving, project management and the development of a range of generic health promotion and development skills which are applicable to their final advanced practice placement of 10 weeks in a specialised area of occupational therapy practice in a usual placement setting with an occupational therapist. There are shorter placement blocks in years 1, 2 and 3. From the outset of the program students are informed that they will undertake a PCP project placement and receive presentations from students who have completed these projects providing early input from the students' perspective about what lies ahead and their perceived benefits about these experiences.

Responding to a rapidly changing workforce and equipping the students to take up the increasing positions in primary health, the broad aim of the bachelor program is to produce occupational therapy practitioners who are able to work within both a biomedical as well as a social model of health framework. The professional skills and tools of application needed for this emerging area of occupational therapy practice will include population level approaches, health promotion strategies, grounded information gathering approaches, project management, stakeholder engagement, participatory practice, well developed communication skills and program evaluation. These skills are developed during the first two and a half years of the program leading up to the PCP.

Research skills in survey design, interviews and running focus groups are developed to enable the students to undertake project evaluation. Scenario based learning (SBL) is the key educational approach used over the second and third years of the programme. The SBL scenarios in these enabling occupation courses are also graded and developed from individual to population focused scenarios (e.g, homelessness, housing, issues of drug dependence among youth in the community etc). All scenarios require discussion of the person, environment and occupations related to the person or group in the case scenario. Authentic assessment is utilised with a viva at the end of each unit based on a SBL where a scenario is provided in advance, with students identifying two learning issues, a written piece and an in vivo discussion of one of these issues in detail. These are examined by two staff members and two peer assessors who prepare for the scenario and pose questions to the student. A short answer written exam is also undertaken.



Honours students undertake a research project that mirrors the PCP process and is also sponsored by a community agency. Students spend fieldwork time with this agency 2 days/week and in addition work on writing ethics applications and answering a research question posed by the sponsoring agency. They work in tandem with a Monash University occupational therapy honours supervisor and produce an externally examined thesis.

***Based on Interview with Associate Professor Louise Farnworth, Head of Department of Occupational Therapy, Monash University June 2011.***



## Good Practice Guide 15: Curriculum Sequences from Gateways to Capstones

This *Good Practice Guide* provides some key pointers and fast facts on deciding on curriculum content and sequences. One of the key messages is that there are no right/wrong approaches! What is important is that you can manage content in meaningful chunks that can be packaged coherently into courses/subjects/units in a way that make sense individually and together as a whole. In other words the separate units need to fit together as a meaningful whole. The teaching team members need to build the links for students between courses/subjects and units and to make the connections explicit. This is something that we often neglect to do.

### Chunking Curriculum Content

There is a range of ways of doing this. These include but are not limited to chunking by:

- stages of the lifespan - infants/children; youth; adults/older people
- areas of occupation - work/school/productivity, play/leisure, self care ADL/IADL, rest.
- areas of practice - work rehab/OHS, medical/acute rehab, paediatrics, mental health/psychosocial.
- work settings- hospital, school, community, work sites/industry, private practice.
- theory courses and practical/technical skills courses/streams
- a combination of the above.

### Consider how to Integrate Information for Students.

This typically requires:

- integrating concepts, activities, or assessments across courses, fieldwork/practical experiences.
- strands or themes that help integrate concepts such as enabling occupation.
- integrating cases and integrating concepts.
- avoidance of repetition/redundancy.

### The Importance of Beginnings and Endings...

The first courses students undertake in a discipline are sometimes called **gateway courses**. These are entry-level courses that introduce students to the scholarly conventions, concepts and skills/techniques of the discipline community. (<http://www.handbook.unsw.edu.au/general/2011/SSAPO/glossary1.html>)

At the other end of the student journey are **capstone courses**. This term typically refers to a core course taken toward the end of a program which is designed to draw together the various education strands. It is an opportunity for students to demonstrate that they have achieved the specified learning goals... encourages students to consider the broader context of their discipline. <http://www.handbook.unsw.edu.au/general/2011/SSAPO/glossary1.html>



This is known as transition pedagogy as students are transitioning into university in first year and out of university to professional practice in their final year. See *Case Study 16: First year experience*. Consideration of gateway and capstone courses is important as these make lasting impressions on students, as they are the entree to the programme and set the tone and introduce students to key disciplinary content, skills and knowledge; as well as forming the exit point where students typically need to demonstrate an integration of professional skills, knowledge and attributes necessary for professional practice. Portfolio courses/ assessments are typically a component of capstones. See *Case Study 15 on Use of Portfolios at Uni SA*.

### Don't Forget the Courses in Between...

These courses require knowledge to be built on in a logical way to allow scaffolding of students' understanding of content. Some things to consider are:

- What are the building blocks of knowledge/foundations?
- What links do you have with 'service' course providers? Or are these concepts taught 'in house'? How do staff make the links for students? Examples of service courses include: anatomy, physiology, psychology, sociology, health care systems in Australia.
- How do you ensure these are meaningful for students?
- How do you make the links between this content and occupational therapy courses?
- Do you have year level objectives for whole of year 1 2 etc?
- Do you help students see the big picture of the whole programme out comes/objectives, year level objectives, semester objectives... How does each individual course feed into this?
- Do you have year coordinators as well as program coordinators (undergraduate, masters entry, honours) who are responsible for whole cohorts or strands of teaching?

### National and International Trends Impacting on Curriculum

There are a number of national and international trends in health, education, and society generally that can have an impact on curriculum content. Some of these are listed below and require careful consideration by Programme Convenors and the teaching team re which of these will be addressed, to what extent, where and for what reasons. Some of these include:

- Graduates as global health professionals.
- International portability of health professional qualifications.
- Global citizenship
- Environmental sustainability/climate change.



- Responding to natural disasters.
- United Nations Millennium Development Goals (MDGs).
- Health workforce reform - advanced practitioners vs generic professionals.
- Undergraduate versus Masters entry or doctoral qualifications in health professions.
- World Federation of Occupational Therapy (WFOT) position statements on cultural competence, diversity, portability, entry level standards.
- Increased consumer awareness of health and information availability on internet and health literacy.
- Evidence based practice.
- Life long learning.
- Interprofessional education and collaborative practice (WHO, 2010).
- Interprofessional collaboration competencies and patient safety (WHO, 2010).
- Common /shared learning and curricula.
- Use of eportfolios and professional competencies.

### References and Resources

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/factsheet-gp-01>  
(accessed 13 July 2011).

WHO Study Group on IPE and CP Framework for Action (2010).  
Recommendations... Learning together to work together for better health...  
[http://www.who.int/hrh/resources/framework\\_action/en/](http://www.who.int/hrh/resources/framework_action/en/)

WHO Study Group on IPE and CP Companion Report (2010).  
[http://www.who.int/hrh/resources/framework\\_action/en/](http://www.who.int/hrh/resources/framework_action/en/)

<http://www.handbook.unsw.edu.au/general/2011/SSAPO/glossary1.html>  
(accessed 13 July 2011).



## Case Study Good Practice Guide 15: Use of Portfolios in Capstone Courses

At the University of South Australia portfolios are used in the final year of the bachelor and graduate entry masters programmes to assist students to integrate their learning and further develop their reflective practice skills. These have been used in an electronic as well as hard copy format. These portfolios provide final year students with an opportunity to (1) develop self-reflection skills in relation to competencies required for graduate practice based on the OT Australia Competency Standards (OT Australia, 2010), and (2) understand their learning styles, personal attributes, strengths and areas of learning need, in order to understand themselves better as occupational therapists. This also provides a transition to professional practice post graduation. With the commencement of national registration, all OT practitioners will need to evidence competency and keep track of continuing professional development (CPD) activities and learning goals to ensure recency of practice and engagement in CPD as part of annual registration.

An ePortfolio is a purposeful collection of work and information that:

- represents an individual's efforts, progress and achievements over time,
- is goal-driven, performance-based and indicates evidence of the attainment of knowledge, skills and attitudes,
- includes self-reflection, and
- is a tool for facilitating life-long learning and career development

<http://www.teachers.ash.org.au/jmresources/ePortfolio.htm> (accessed 12 July 2011).

Portfolios are a good example of a learning and assessment activity that is consistent with transition pedagogy in the final year (transitioning from student to graduate therapist) and frequently comprise an important component of capstone courses or capstone activities. Capstone courses refer to courses *“taken toward the end of a program which are designed to draw together the various education strands. It is an opportunity for students to demonstrate that they have achieved the specified learning goals... encourages students to consider the broader context of their discipline”*.

(<http://www.handbook.unsw.edu.au/general/2011/SSAPO/glossary1.html>) (accessed 12 July 2011).

According to Sue Gilbert-Hunt portfolios provide an opportunity for students to revisit core OT skills, competencies, practice based experiences, and establish learning goals and personal learning plans for final year placements, and for their transition to graduate practice. ePortfolios are personal learning spaces that students can personalise and provide access to specific areas of the portfolio for staff for marking purposes.

At Uni SA final year students also have the opportunity to engage in workshops each month that are conducted by staff on a rotating basis over the year (as extra-curricular activities) that can be evidenced in student portfolios as ongoing learning and allow them to develop specialised/advanced skills in topics such as attachment, playfulness, mental health, pain management, driver training,





advanced splinting. Additional activities such as participating in 'carfit' days with staff and students assessing suitability of cars for older citizens who are still driving and want advice re their cars and adjustments that might be needed and driving needs/status; mobile allied health clinic promotional activities for OT week, mental health awareness days etc; engaging in Careers Expo; and planning the fourth year conference. According to Sue, one of the strengths of engaging students in completing their portfolios is their development of responsibility to evidence their own practice and to realise what it is they need to be able to do to be competent therapists upon graduation. It helps place the onus for learning and goal setting learning objectives, developing plans that are the basis of life-long learning on the students themselves.

There are a number of **ePortfolio platforms** such as:

- <http://www.foliotek.com/demo/eportfolio.aspx>
- [www.pebblepad.com](http://www.pebblepad.com)
- <http://mahara.e-skills.com.au/>
- [www.zunal.com](http://www.zunal.com)

Currently the Australian Flexible Learning Framework is funding a national ePortfolios project to explore many of the issues and challenges around the use of e-portfolios to support the VET sector and is hosting an ePortfolio Conference held in Australia in 17-18 October 2011 in Perth.

<http://www.flexiblelearning.net.au/content/eportfolios-australia-conference-2011>

**Other Useful Resources:**

<http://www.elearnspace.org/Articles/eportfolios.htm>

<http://www.youtube.com/watch?v=6B3tjXlbdk>

<http://www.youtube.com/watch?v=5osJCF909qQ&feature=related>

<http://www.youtube.com/watch?v=vqlgukJN2l8&feature=related>

Jafari, A. (2007). Handbook of research on ePortfolios. Hershey, PA: Idea Group Reference.

***Case developed based on Interview with Sue Gilbert-Hunt, Programme Director Discipline of Occupational Therapy University of South Australia***



## Good Practice Guide 16: Transition Curriculum - Important Considerations for First Year Curriculum

The transition to university needs to be considered specifically for first year students in the planning of overall curriculum reform. To this end, transition pedagogy relevant to the first year experience should be considered. Kift and Nelson (2005) suggested several principles regarding transition pedagogy for first year students:

- a. Students must be engaged as learners if they are to experience university success
- b. Students' learning needs that arise from the social and academic transition to university must be acknowledged and can be addressed through curriculum design and renewal.

Principles for Transition Pedagogy (Kift & Nelson, 2005 p. 230-232):

- a. The renewal focus should emphasise creation of engaging learning environments that enable students to make personal meaning of their learning.
- b. Take a long term agenda-setting view of constructive alignment of the curriculum for students' cumulative benefit.
- c. Curriculum reform should be informed by contemporary realities of higher education context (e.g., knowledge of who the incoming students are, understanding of their fears, preconceptions, stressors; acceptance of their multiple roles and desire for workplace preparedness).
- d. Individual units should be designed to produce cumulative benefits in terms of skills and development of graduate capabilities.
- e. The curriculum should deliver learning environments and opportunities that emphasise development of reflective, independent, life-long and self-managing learners.
- f. Foster student engagement by bringing together academic, administrative and support programs (e.g., Student Services supports) within the curriculum.

Zhao and Kuh (2004), Kuh (2006, 2009) and Kuh et al. (2010) identified examples of high impact learning practices for students across the years that focus on student engagement with learning such as:

- First-Year Seminars and Experiences
- Common Intellectual Experiences
- Learning Communities
- Writing-Intensive Courses
- Collaborative Assignments and Projects
- Undergraduate Research
- Diversity/Global Learning
- Service Learning, Community-Based Learning
- Internships
- Capstone Courses and Projects



It is also very important to understand your first year cohort; that is to know where your entry cohort comes from? What is their background? What pre requisite knowledge do they require for entry? What are their characteristics? What is their demographic background? Are there sub groups such as first in family at university groups, those from indigenous or culturally and linguistically diverse backgrounds or international backgrounds?

It is important to be clear about what academic skills your entry cohort possesses in terms of their:

- communication skills
- ability to work with others
- assessment skills
- academic numeracy skills
- critical analysis/problem solving skills
- reflective/self monitoring skills
- managing university skills
- study management skills
- information literacy skills.

This will assist the teaching team to tailor courses and experiences for students in the first year to attend to areas of skill weakness and to build on their strengths as well as to focus on impactful activities that promote student engagement with a student and professional community of practice. See *Case Study 16* in this series about *Enhancing the First Year Experience at UQ*.

### References and Resources

Kift, S., & Nelson, K. (2005). Beyond curriculum reform: Embedding the transition experience. HERDSA, 225-235.

Kuh, G. (2009). *Using student engagement data effectively*. Presentation at the University of Queensland.

Kuh, G. (2006). Presidents Colloquium on Learning and Teaching, January 17, 2006 [http://www.youtube.com/watch?v=7HPv5D3\\_Plw](http://www.youtube.com/watch?v=7HPv5D3_Plw)

Kuh, G. D., Kinzie, J.H. Whitt, E. J. (2010). *Student success in college: Creating conditions that matter*. San Fransisco, CA: Wiley and Sons

Zhao, C.M., & Kuh, G. D.(2004). Adding Value: Learning communities and student engagement. *Research in Higher Education*, 45 (2), 115-138.



## Case Study Good Practice Guide 16: Enhancing the First Year Experience at UQ.

With assistance of a *Strategic Teaching and Learning Grant at UQ*, a small group of academic staff worked with first year students to enhance the transition of students into a professional program with a focus on developing students' professional identity as occupational therapy students in training. Feedback from students in the past had suggested that first year was often overwhelming, particularly with service courses taught outside of occupational therapy such as anatomy, sociology and psychology, students were trying to find out more about occupational therapy and get a sense of whether this was the career for them, they were developing skills to manage study at university, and had to manage new learning management systems, large cohorts of students and significant quantity of content.

At the same time we were reworking first year gateway courses in occupational therapy foundations, communication and occupational therapy process. In the curriculum redesign we were also working with five key threshold concepts (Rodger & Turpin, 2011)<sup>1</sup>, one of which was professional identity as an occupational therapist. This provided a focus on looking at how we could connect students with a community of practice (OT students), a professional community (OT staff and clinicians) and to assist them develop their identity in their chosen profession. There were several key activities:

- 1. Enhancing the orientation and welcome activities** - by scheduling sessions where representatives from OT Australia Ltd Queensland Division spoke about the profession, its role and student membership; The OT Board of Queensland who spoke about registration processes and public safety; a panel of occupational therapists who spoke about a day in their life as an OT at work. This augmented the university specific and administrative information provided during orientation and introduction to the OT Students' Association (OTSA) and welcome barbeque. This has enhanced the professional profile and started to build a connection with professional communities (Association and Registration Board) beyond UQ.
- 2. Pizza lunch career forums** - two per semester are held that provide students an opportunity to hear about the careers of several occupational therapists since graduation. The focus is not on learning OT content but on the possibilities of where an OT career can lead and showcasing the exciting work opportunities, travel and varying career paths - clinical, research, private, international work and volunteer experiences etc. This activity has also introduced students to OTs beyond UQ who have varied and interesting careers and links them with a professional community of practice.
- 3. Developing an online community** - of practice using social networking tools such as Facebook site OT@UQ and a community BlackBoard site.

<sup>1</sup> Rodger, Sylvia & Turpin, Merrill (2011). Using Threshold Concepts to Transform Entry Level Curricula. In Krause, K., Buckridge, M., Grimmer, C. and Purbrick-Illek, S. (Eds.) *Research and Development in Higher Education: Reshaping Higher Education*, 34 (pp. 263 - 274). Gold Coast, Australia, 4 - 7 July 2011. Published 2011 by the Higher Education Research and Development Society.



Specifically Facebook was chosen for the following reasons;

1) Facebook already hosts a number of occupational therapy professional communities of practice, thus students become familiar with the Facebook group format and learn to develop a professional online etiquette, 2) many students are already members and regular users of Facebook thus increasing the number of times a student interacts with the group, 3) students are able to view each others profile photos allowing students to make more meaningful connections with others in their cohort, and 4) allows students to actively contribute to the content of the site. It was considered that this may enhance their connection with the OT student community.

The site was made available to all students across the four year levels enrolled in OT at UQ. At the time of submission, the site currently has 324 student members and is primarily student led, with students from all levels able to contribute to queries posted by members. Weekly posts created by a project officer, are focused at promoting discussion and facilitating reflection based on common first year student concerns and current course requirements. The site enables further connections between new and existing friendship groups within year levels, between friendship groups and across year levels. The site provides informal mentoring from higher year levels and allows students to develop further connections within existing friendship groups and between groups and year levels where advice, ideas and support are shared.

This virtual community connection appears to have been very successful in engaging students in a community of practice that has both a social presence as well as forum for discussion of professional issues and answering of questions relevant to first year students. Students are directed to course specific BlackBoard sites and academic staff to answer specific questions/concerns but general student discussion occurs on this site and provides a useful forum for interaction. The site has been viewed very positively by students as a way of providing a student community of practice.

4. **Development of an OT first year survival guide** - tip sheets with tips from final year students and the 2010 first year cohort on surviving year 1 and links to useful career, student support, OT professional, study tips, assignment/exam preparation websites which are accessible at UQ and beyond. These provide websites that students can access at any time at their convenience.
5. **Mentoring program** - a mentoring program was implemented in two different formats over the course of the project. It was first run in semester 2 2010 as a six week mentoring program pilot consisting of first year occupational therapy students and final year undergraduate and graduate entry students. The students were paired with mentors during an initial breakfast training and information meeting. Support for the trial program was provided by the project officer. Contact between mentors and mentees was made through phone, email and face to face contact.



At the conclusion of the trial a final breakfast meeting was held and feedback was obtained through pre and post surveys and focus groups. The data analysis identified that student engagement with their mentors varied significantly between students and over the course of the semester. Contact was influenced by (1) extracurricular student activities, such as work commitments, (2) environmental barriers, such as living location and timetabling, and (3) student demographics. The use of the social networking site Facebook, was identified as a superior platform for peer mentoring by removing access barriers, and providing opportunity for more frequent contact with a greater variety of students.

In Semester 2 2011 a group of 16 final year students were recruited to provide peer mentoring to the first year cohort using the Facebook group site OT@UQ. Students were able to negotiate their level of contact with the mentors as the mentoring partnerships evolved and depending on student need. Mentors and first year students were provided with information and support throughout the semester. Final year mentors monitor the site and provide feedback to students ensuring that first year questions are addressed.

***Thanks to Anna Rickard Project Officer OT First Year Experience, Dr Monica Moran, Dr Merrill Turpin, Melanie Hoyle, First Year Coordinator.***





## Good Practice Guide 17: Evaluating and Reflecting on the Impact of Curriculum Changes

Changes to curriculum occur as a result of a range of factors including self-evaluation, curriculum reviews, changes in the field of practice and advances in research, student feedback, university mandates, and formal program accreditation processes. Changes need to be made to curriculum to ensure content remains current and that best practice approaches are used in learning, teaching and assessment. Curriculum changes are typically approved by university committees prior to implementation. Once implemented, it is important for academic staff to reflect on the success of this implementation and evaluate the impact of the changes from multiple stakeholders' perspectives. *This Good Practice Guide* provides suggestions for how this evaluation and reflection may occur.

### 1. Timing of evaluation

- a) As curriculum is implemented, systematic evaluation and reflection should occur both mid-way through the academic year and again at the end of the academic year.
- b) Structured feedback typically requires team consultation and reflection based on student course evaluation surveys and may be best considered in team meetings. Potential changes can be discussed and recommendations made for change the following year.
- c) Some feedback may need to be addressed immediately by staff. Examples include where there might be significant areas of students' conceptual misunderstanding, dissatisfaction with assessment strategies, lack of synergies between curriculum content and fieldwork experiences or other major concerns raised by the student cohort. In these instances, changes may need to occur without consultation with all stakeholders.
- d) During semester informal evaluation and reflection appears relevant in this context where changes are implemented. Some adjustments can be simple to make and facilitate the progression of new curriculum. Questions such as what should we stop? What should we start? What should we continue ? Can be useful in this context.

### 2. Stakeholders in the evaluation and reflection process

- a) Academic staff (academics, fieldwork supervisors, fieldwork coordinator, enrolment officers, guest/casual lecturers)
- b) Wider university community (other allied health professionals representatives, other occupational therapy program representatives, peers (academics, clinicians, educational designers, library representatives)
- c) Students from all year levels
- d) New graduates and alumni
- e) Professional body (occupational therapy clinicians, OT Australia, WFOT)
- f) Employers, agencies, partners in the community
- g) Consumers

It is foreseeable that different stakeholders would be engaged in the evaluation and reflection process at different times. For example:



- Teaching and learning academic staff should be involved in ongoing evaluation and reflection as curriculum changes are implemented. This would occur informally during curriculum delivery and more formally mid-year and at the end of the teaching year. Major curriculum changes should be discussed within the larger team to ensure consistency in approaches to teaching across the program.
- Students should also be involved in providing feedback and be given opportunities to reflect on their engagement with the curriculum during curriculum implementation. Simple strategies such as asking students “What should we keep doing? What should we stop doing? What should we start doing?” or use of audience response systems can be used during the semester can obtain informal but instant feedback. Formal feedback should also be obtained from students at the end of the teaching semester. Universities typically have their own methods of obtaining this information through course evaluation surveys and teaching feedback evaluations.
- Fieldwork supervisors should be involved in evaluating and discussing curriculum changes brought about by the changes implemented at the end of the first year of fieldwork experiences. If students have fieldwork experience during their first year of the program, fieldwork supervisors could start contributing significant and relevant information through the duration of the new curriculum. They are able to provide comments about students’ performance against criteria found in the SPEF-R. Fieldwork supervisors may also be well positioned to provide proxy feedback from consumers.
- New graduates may be able to provide evaluation once employed and having worked as occupational therapists. Graduates are then positioned to provide feedback about how well their degree (and subsequent curriculum) prepared them for careers in occupational therapy. Graduates could contribute to formal feedback sessions such as External Advisory Committees or be encouraged to provide informal feedback to Program Heads through methods such as email.
- Employers, partners in the community and OT consumers are able to provide curriculum feedback based on their experience with students and / or new graduates. These stakeholders may be best used during formal feedback sessions such as External Advisory Committees. Additionally, these stakeholders can be encouraged to provide informal feedback to Heads of Program through other methods (such as email or personal communication). See *Good Practice Guide 12 on Engaging Stakeholders*.

### 3. Evaluation and reflection methods

- a. Evaluation should be based on the standards and guidelines used to develop the curriculum and implement the changes. Evaluation methods should consider the design of the curriculum, its structure, procedures, processes, content, and outcomes.



- b. Focus groups could be conducted at the end of the academic year with representatives of each stakeholder group. This would allow a deeper reflection and provide a better understanding of the lived experience of stakeholders with regards to the changes implemented in the curriculum.
- c. Other methods and tools such as Australasian Survey of Student Engagement (AUSSE), Course Experience Questionnaire (CEQ) (which is a component of the Australian Graduate Survey), and university specific/developed student experience surveys will provide specific and objective information from students. The AUSSE is completed at the end of year 1 and year 4. Data will provide useful information about how the new curriculum has progressed.
- d. The other standardised tools like the CEQ are available when the first cohort graduates.
- e. Reflection on data from these evaluation tools is important for the team. There are a range of mechanisms for doing this and setting aside time with this intent. Action learning cycles can be a useful methodology in this regard. *See Case Study 17 from the University of South Australia on Reflection.*

#### 4. Consideration of feedback and reflection provided by stakeholders

Although obtaining feedback from a range of stakeholders can be useful for curriculum development, consideration needs to be given to how feedback influences curriculum change. Aspects that staff may need to consider include:

- a. Processes/methods for engaging teaching team in collecting and reflecting on feedback.  
*Consider: Are staff required to discuss curriculum feedback with senior staff / team meetings? Do individuals (such as unit co-ordinators) or the entire team make decisions about curriculum changes? Does this depend on the extent of the change being considered?*
- b. Amount of feedback required for change to occur  
*Consider: How frequently does the same comment need to be made for staff to consider it to be indicative of stakeholders? (eg 50% of students). Is there a cohort effect where a particular group of students may have a particularly unusual response to the curriculum at a particular point in time? Should changes be implemented for a set period of time (such as 2 years) to determine real impact before changes are considered? This needs to be considered carefully based on the situation, as this can be difficult with service taught courses/subjects/units versus ones taught solely by occupational therapy staff.*
- c. Weighting of feedback  
*Consider: Are the opinions of certain stakeholders more valued than others? Are some stakeholders in a better position to understand curriculum changes and provide feedback? Is there significant evidence about a specific educational or program pedagogy/philosophy that should be considered and that stakeholders may not be aware of?*



- d. Managing conflicting feedback  
*Consider: How do teaching and learning staff make decisions about curriculum if feedback is conflicting? (For example, some students support an assessment task while others don't).*
- e. Making changes to curriculum  
*Consider: What are the implications of proposed changes? How do you weigh up the pros/cons before making a change? Do they need institutional approval? How much time is required for these to be made? What is the likely impact of a particular change? What are potential positive and negative implications of making this change? Who makes this decision? If changes made in one course/year what are likely impacts in other courses/years?*

### References and Resources

Australian Council for Educational Research (2011). The Australasian Survey of Student Engagement. Retrieved May 20th, 2011, from <http://www.acer.edu.au/research/ausse>

Graduate Careers Australia (2011). Australian Graduate Survey. Retrieved May 23rd, 2011 from <http://start.graduatecareers.com.au/AGSOverview/index.htm>

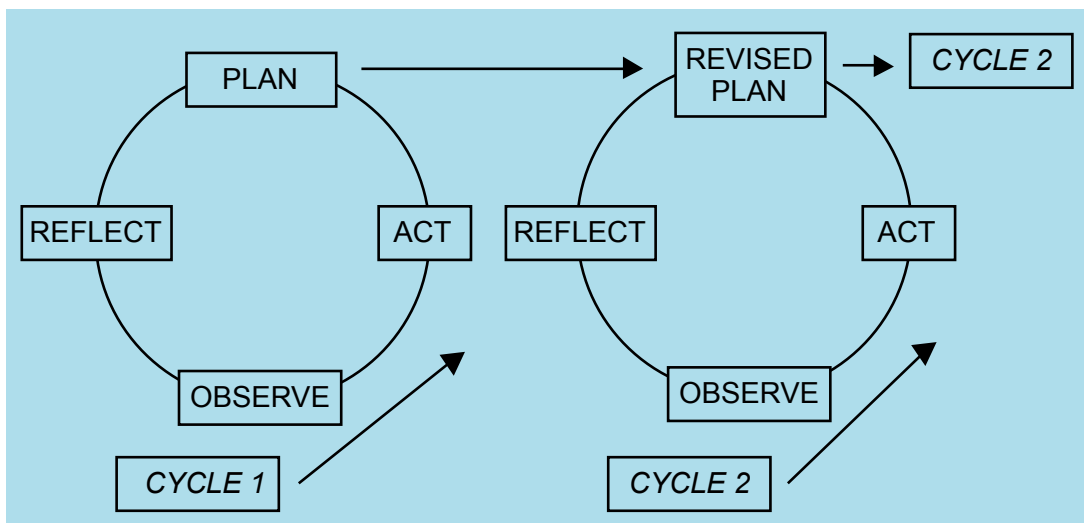


## Case Study Good Practice Guide 17: University of South Australia Evaluation and Reflection

### Using Action Learning Cycles to Promote Reflection as part of Curriculum Evaluation Processes.

The University of South Australia has been working with participatory community placements (PCPs) since the mid 1990s. Initially these were commenced to address issues with sourcing sufficient placements (impacted by state based financial issues and a freeze on all public sector positions) as well as to as a means of sourcing placements that address the benefits of organisations and communities, and in response to a local South Australian healthy cities/health communities initiative. As a result of the job freeze, students were encouraged to look at a range of positions beyond OT nominated ones, and staff perceived a lack of confidence among graduates to do this. There was a need to develop their confidence to work in role emerging areas that could be addressed at the university level. This was seen as an important driver for change, with higher education having the opportunity to engage with this change as an innovative pilot PCP program.

This pilot was pitched as such to students and a number of agencies who were engaged as partners in evaluating the outcomes. This has grown in strength with all University of South Australia OT students undertaking a PCP placement. Two courses are undertaken with one in third year which is preparatory and in which contact with organisations and development of proposals is undertaken as well as a series of site visits, and the fourth year full time placement course in which pairs of students are affiliated with a community or organisation to undertake the project proposed whilst on placement. There is frequently not an OT on site and students work with the community/organisation to deliver the mutually agreed outcomes. Posters on these projects and outcomes are submitted and showcased at a final year conference prior to graduation. Action learning cycles (Kolb, 1984) were used to promote reflection on action and planning for subsequent years and curriculum changes that need to underpin the PCP programme. See below.



Action Learning Cycles <sup>1</sup>



Through a process of staff reflection based on observations and action from the first pilot placements in terms of the educational processes and feedback from students. A number of aspects were revealed such as - students needed varying amounts of structure to manage the process, further work was needed to prepare students for these placements, in particular project management skills were required, basic principles of community development needed to be learnt, and the staff group needed up-skilling in these areas as well as in facilitating the process of student engagement in these placements. This proved to be a developmental journey for staff as well as students, as staff learned to facilitate the process of engagement in PCPs and learned to 'stay on top of the game' in the context of students bringing in new knowledge as they engaged with PCPs and where staff were working beyond their traditional clinical areas of expertise and learned to become 'critical friends' when facilitating students PCP work.

A move to a more occupation based curriculum in the early 2000s and an emphasis on PBL as an educational method within the bachelor and masters entry programmes, enabled introduction of more preparatory elements for PCPs earlier in the programme. Enabling occupation courses that addressed communities, health and wellbeing issues at a population rather than person level and environmental issues, impact of policy and legislation on health, provided opportunities for early introduction to some of the principles needed for successful PCP participation in later years. Other skills required were those around negotiation of projects, outcomes with organisations and the ability to communicate with organisations in lay language, with the media and to 'pitch' their projects and outcomes to local communities, media, funding organisations etc. Media management and marketing/communication skills have now become embedded in these courses to prepare students for the skills they are likely to require whilst on placement.

As a number of cycles of PCPs were engaged in, a few important principles became obvious for all staff with respect to curriculum development -

- there was a need for team commitment to the curriculum.
- no one staff member could 'own' a course.
- each course became increasingly viewed as parts of a whole, where information was further shared and staff members viewed their role as 'holding' or 'caretaking' a course on behalf of the whole team.

This provided greater opportunities for team ownership of curriculum and development of collective responsibility and accountability. Further reflection was engaged in by staff based on questions such as "where were students struggling in the PCP course", "how can we do this differently?" "what is working and why?" This constant critical review process allowed the introduction of a number of check points that helped staff better identify what was going wrong when indeed this was the case, and provided them with scaffolds to put something new in place to support student learning.





Students were required to attend a reflection and feedback session so that their experiences could be considered by staff in terms of the next cycle of planning. Course evaluation information and student feedback on what advice would they give to others engaging in this course were both utilised to support changes to curriculum. Staff members ensure that they provide students information in each course outline with respect to what they have changed in relation to student feedback from the previous year. A panel of students who have completed previous PCPs also talk to students embarking on this process in the subsequent year. This is well received by students.

Sue Gilbert Hunt describes that teaching is a process of ongoing evaluation requiring critical reflection by the teacher and curriculum team on what works, what is not working so well and that curriculum development is about 'unpacking' what went wrong, how curriculum can be changed, how we keep current, what is going on in the occupational therapy and broader literature, and what is the organisational context in which the PCPs are occurring. There is a real need to embed community development principles within an occupational perspective and philosophy and deal with these alongside one another, particularly as PCPs are about community capacity building and sustainability of project outcomes as well as awareness raising about occupational therapy and its skill set. There is significant evidence of OT positions being created in organisations that previously did not employ OTs as a result of their experiences with students.

What has become clear from the Uni SA team's experience is that there are several 'thresholds' that students must traverse in the learning during PCP courses. One of these is the concept of 'need' - from the perspective of the organisations/communities who often express their requests of students as 'wants'... what they want is not always what they need. The exploration of this by students is critical and when done well leads to a better collaboration between students and the organisation once what they think they want, is fully explored and what they need can be better determined.

Another of these seems to be the concept of 'process', the fact that the PCP experience is all about the process of engagement with the organisations rather than a focus on delivering the outcome. Students learn to realise that when they ensure that the 'process' is appropriately engaged in, the outcome is able to be delivered but this needs to be the focus in ensuring outcome delivery. Students frequently experience 'liminal' space (Meyer & Land, 2005), as they deal with overwhelm and ambiguity in various stages of the project. All staff commented on the experience of being 'stuck' that students traversed at various points, and that there were warning bells for them if students sailed through without experiencing this at some point. The key is to provide sufficient scaffolds/supports to enable them to progress through this uncomfortable learning space.



## References

<sup>1</sup> Action Learning Cycle Image. Retrieved July 13, 2011, from [http://www.google.com.au/imgres?imgurl=http://informationr.net/ir/1-1/diagr1.gif&imgrefurl=http://informationr.net/ir/1-1/paper2.html&usg=\\_\\_zSxb9Dce\\_yLyp-LnYJxISI-UFFk=&h=255&w=650&sz=5&hl=en&start=0&sig2=cnQw0bO6wTUJeeWC4vvR2Q&zoom=1&tbnid=AsqaEyZDLmGR-M:&tbnh=78&tbnw=200&ei=ZvAcTq2qlePQmAXfmeHWBw&prev=/search%3Fq%3DKolb%2Baction%2Bresearch%2Bcycle%2Bimage%26hl%3Den%26client%3Dfirefox-a%26hs%3DfEU%26sa%3DX%26rlz%3D1R1GGLL\\_en-GBAU401AU401%26biw%3D1080%26bih%3D488%26tbnid%3Dsch%26prmd%3Divns&itbs=1&iact=hc&vpx=105&vpy=132&dur=623&hovh=140&hovw=359&tx=166&ty=60&page=1&ndsp=8&ved=1t:429,r:0,s:0](http://www.google.com.au/imgres?imgurl=http://informationr.net/ir/1-1/diagr1.gif&imgrefurl=http://informationr.net/ir/1-1/paper2.html&usg=__zSxb9Dce_yLyp-LnYJxISI-UFFk=&h=255&w=650&sz=5&hl=en&start=0&sig2=cnQw0bO6wTUJeeWC4vvR2Q&zoom=1&tbnid=AsqaEyZDLmGR-M:&tbnh=78&tbnw=200&ei=ZvAcTq2qlePQmAXfmeHWBw&prev=/search%3Fq%3DKolb%2Baction%2Bresearch%2Bcycle%2Bimage%26hl%3Den%26client%3Dfirefox-a%26hs%3DfEU%26sa%3DX%26rlz%3D1R1GGLL_en-GBAU401AU401%26biw%3D1080%26bih%3D488%26tbnid%3Dsch%26prmd%3Divns&itbs=1&iact=hc&vpx=105&vpy=132&dur=623&hovh=140&hovw=359&tx=166&ty=60&page=1&ndsp=8&ved=1t:429,r:0,s:0)

Kolb, D.A. (1984). *Experiential learning: experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice Hall.

Meyer, J.H.J. & Land, R. (2005). Threshold concepts and troublesome knowledge: epistemological considerations and a conceptual framework for teaching and learning. *Higher Education*, 49, 373-388.

***Based on Interview with Sue Gilbert-Hunt, Programme Director Discipline of Occupational Therapy University of South Australia***







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