

**Louisiana State University Health Sciences Center—New Orleans**  
*School of Allied Health Professions*  
**Department of Occupational Therapy**

## **CONCEPTUAL MODEL**

### **VISION**

The Department of Occupational Therapy at Louisiana State University Health Sciences Center—New Orleans is committed to promoting occupational therapy in communities through collaborative efforts in education, research and scholarship, and service, thereby maximizing quality of life.

### **CORE VALUES**

- We value and encourage INQUIRY and LIFE-LONG LEARNING.
- We RESPECT the rights of others and view diversity as an opportunity for enrichment and growth.
- We value SERVICE and ADVOCACY to the community and our profession.
- We encourage INNOVATION and the use of creative talents to achieve excellence.
- We acknowledge ADAPTABILITY to prevail in the presence of change and uncertainty.
- We value INTEGRITY as a support to COLLABORATION.
- We value the promotion of QUALITY OF LIFE.

### **MISSION**

The mission of the Occupational Therapy Program at Louisiana State University Health Sciences Center—New Orleans is to:

- Educate students to become reflective and empathetic practitioners who provide excellent quality care while maintaining high ethical standards.
- Foster a spirit of inquiry and scholarly development so both faculty and students experience intellectual growth and cultivate habits that support life-long learning.
- Provide service in university, local, and state communities, and at national and international levels, to promote health and wellness for fellow human beings.

## **PROGRAM GOALS**

### **Education**

1. Educate students to become reflective practitioners who engage in evidence-based practice.
2. Produce empathetic practitioners who collaborate effectively with clients, including their families, and a variety of community members from a wide array of cultures.
3. Reinforce the critical role that ethics play in the provision of quality care.

### **Research and Scholarship**

1. Develop a spirit of inquiry and cultivate learning strategies so that graduates continue to grow intellectually and experience life-long learning.
2. Engage in the development and dissemination of knowledge that will validate and promote the practice of occupational therapy.

### **Service**

1. Provide exemplary service at various levels: university, local, state, national and international.
2. Actively promote the health and wellness of fellow human beings through the development of innovative community programs.
3. Advance the profession of occupational therapy and promote universal access to services.

## **PHILOSOPHY**

### **View of the Person**

Occupational therapists view people holistically as dynamic, open systems with biological, psychological, sociocultural, and spiritual dimensions that exert transactive influences. A person can be considered an individual system, or a member of a larger system such as a family, community, or nation. In the course of daily life, a person simultaneously experiences several roles, and engages in an array of occupations in a variety of contexts. We recognize the spectrum between disability/illness and wellness in individuals and that people possess varied abilities throughout life. We believe that people have a right to health and well-being, the right to create meaning in life through participation in occupation, and the right to collaborate in issues regarding their care.

People are challenged continually to adapt to contextual changes in order to fulfill needs and live meaningful, satisfying lives. A transactive view of person, context, and occupation acknowledges that occupational behavior and environmental influences are integrally related and influence each other. Since contexts are dynamic, we assume that occupational behavior can also change (Law et al., 1996; Dunn, Brown, & McGuigan, 1994).

### **Role of Occupational Therapy**

Occupational therapy enables people to participate in daily activities or occupations that are important to them despite impairments with body functions and structures, activity limitations, or activity participation restrictions due to contextual barriers (World Health Organization [WHO], 2001; Moyers, 1999). Occupational therapists collaborate with individuals, their families, and others to promote physical, cognitive, social, and emotional health, as well as function. Occupational performance is defined as the engagement in everyday activities in the areas of: activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation (American Occupational Therapy Association [AOTA], in press). These are essential for participation in various life roles. Successful adaptation to performance challenges throughout life results in effective occupational performance, which supports health, wellness, and independence (Christiansen & Baum, 1997; WHO, 2001; AOTA, in press).

The unique contribution of occupational therapy is its ability to maximize the fit between what individuals want and need to do and their capacity to perform important occupations. Throughout the intervention process, occupational therapists uniquely use occupations as a therapeutic strategy, making it primarily occupation-based versus component-focused. Occupational therapists are experts in understanding the multidimensional nature of occupational performance and its impact on health (Moyers, 1999). Interventions may include the following approaches (AOTA, in press):

- Create and promote
- Establish and restore
- Maintain
- Modify
- Prevent

### **View of the Educational Process**

The Department of Occupational Therapy is aligned with that of the AOTA's philosophy of education (AOTA, 1997b), purpose and value of fieldwork education (AOTA, 1996), and its philosophical base of occupational therapy (AOTA, 1979). The goal of the program is to graduate entry-level masters' occupational therapists who are capable of making evidence-based decisions, engaging in critical thinking, and acting on professional ethics. Throughout the educational process, we support our students' development to become life-long learners and agents of change for improvement in quality of life. Another essential outcome of the curriculum is to graduate therapists who exhibit respect for others, appreciation of interdependence, and the collaborative skills required in interdisciplinary practice.

Learning methods reflect occupational therapy philosophy and are grounded in learning theory with an emphasis on constructivist principles. Specifically, that knowledge is constructed rather than transmitted (Gijsselaers, 1996). It is created by the individual through an active process of discovery and exploration. New knowledge is integrated only with discussion and elaboration on existing knowledge. Active and collaborative learning experiences promote the development of individual and group problem-solving strategies and facilitate students' confidence in questioning and evaluating information (Johnson, Johnson, & Smith, 1998). Collaboration itself is a source of learning that supports acquisition and integration of information. Clinical reasoning is threaded throughout the curriculum to provide opportunities to explicitly examine and practice critical and reflective thinking. Acknowledging various student learning preferences, instructional techniques include early field experiences, practice with problem-solving, problem-based learning, case examples, various forms of instructor and peer feedback, lecture, and critical analysis of literature.

## **CURRICULUM DESIGN**

The Occupational Therapy Program's mission and philosophy guide the content and learning experiences that compose the curriculum. The Person-Environment-Occupation Model (Law et al., 1996) and the Ecology of Human Performance Model (Dunn, Brown, & McGuigan, 1994) of occupational therapy contribute to the theoretical foundation of the program. Each model accentuates the transactive influence of the person, occupation, and context on the multidimensional nature of occupational performance.

Our commitment to the community shapes our curriculum design and provides opportunity for innovative development and delivery of occupational therapy services. We have built community partnerships that offer context-based educational experiences to our students. These experiences reinforce the skills necessary to create positive change.

Two **primary educational outcomes** overarch more specific student outcomes. First, through active, context-based learning experiences, we support students to develop into life-long learners. Life-long learners are resourceful in obtaining and integrating information for competent service provision through reflection in all aspects of practice. Second, we provide opportunities for students to identify need for change in institution and community-based programs that support development of skills required of change agents. Agents of change see the potential for improved quality of life and possess the courage to ask valid questions and seek out pertinent information. They understand that change is brought about by innovation and adaptability.

Several **content themes** are woven throughout the curriculum sequence:

- **Client-centered Care.** The concept of client-centered care is based on accentuating the worth and holistic view of the individual and further defines the relationship of the individual and the therapist as a partnership (Law, Baptiste, & Mills, 1995). Client-centered care empowers the person, including the actual individual receiving occupational therapy services, family members, caregivers, or other people affecting that person's occupational performance, to problem-solve in order to achieve goals. The occupational therapist acts as facilitator to assist and support the person in successful

participation in occupation. (Christiansen & Baum, 1997).

- **Occupation-based Practice.** Occupations are the familiar and ordinary things people do everyday to fill their time and give meaning to life (AOTA, 1997a). Occupation is categorized into performance areas: activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation (AOTA, in press). These categories often intertwine. Engagement in these performance areas of occupation facilitates role participation and provides routine in daily living, thereby enhancing quality of life. Occupations have purpose and meaning to those performing them in terms of contextual, temporal, psychological, social, symbolic, cultural, ethnic, and/or spiritual dimensions (AOTA, in press). Occupations have treatment power for persons based on their attractiveness or appeal, perceived proximity to natural performance context, and goal-fit (Pierce, 1998). Occupations can be used in intervention to prevent or remediate disability and to facilitate adaptation to challenges that threaten a person's ability to engage in life roles (AOTA, 1997c). Occupation is viewed as both a means and an end of occupational therapy (AOTA, in press). In occupation as means, the occupational therapy intervention utilizes occupation as the method for changing one's performance. Occupation as end is defined by the individual's improved participation in meaningful occupation (AOTA, in press).
- **Context-based Practice.** Occupational therapists acknowledge that context, occurring around and within the person, is integrally related to the roles in which people engage and maintain (AOTA, in press). Contextual features are external (e.g. physical, social, and virtual), internal (e.g. personal and spiritual), and cultural (AOTA, in press). Context profoundly influences the process of service delivery and can be adapted to support occupational performance.
- **Occupational Therapy Process.** The occupational therapy process may be applied to individuals, programs, organizations, and other groups in the community. The process begins with an evaluation, in which a collaborative relationship is established between client and therapist (AOTA, in press). The initial step, the occupational profile, yields information about the client's occupational history and experiences, daily patterns, interests, values, needs, priorities, and concerns about participation in occupation. Analysis of occupational performance more specifically determines the client's assets and what is hindering performance of occupation. Considerations include performance skills, patterns, context, activity demands, and client factors (AOTA, in press). The intervention plan can then be established, and desired outcomes of the occupational therapy process attained (Moyers, 1999). Steps of the intervention process include planning, implementation, and review of progress. Outcomes are defined by the client's engagement in occupation to support participation (AOTA, in press) and may be achieved through various service-delivery models. Outcome information is utilized for future intervention planning and for program evaluation (AOTA, in press).

Courses progress in a sequence that first emphasizes an overview of occupation and occupational therapy. Next, students are given an individualistic yet holistic view of occupational performance, progressing to an expanded view of the person within the community. Basic science courses are introduced only after students have developed an initial understanding of occupation, occupational performance, and the impact of disability on individuals and communities, and have begun to develop an understanding of the role of occupational therapy in enabling clients to engage in occupation in the context of their own lives.

The course sequencing of fieldwork I and II experiences integrated throughout the curriculum provides a context for didactic learning, especially for considering the complexity of participation in occupations in a multitude of contexts. Early exposure to practice provides the stimulation for students to develop questions about practice and the opportunity to apply and challenge what they have learned in the classroom. This enables them to develop the clinical reasoning skills needed to engage in best practice in a variety of dynamic practice environments, leading into the study of applied scientific inquiry and evidenced-based decision-making, addressed in both research and practice application courses.

In order to represent the model, the Department of Occupational Therapy has chosen gumbo as its end product - the creation of competent occupational therapy practitioners (see Figure 1). The choice of Gumbo reflects the culture of Louisiana. The gumbo pot represents the content themes, holding all components together. The fire and wood are symbols of our core values, designed to fuel the process. The ingredients are placed in the pot at a specific time and order, mirroring the course sequence. The “paddle” or ladle that mixes the ingredients is the educational process.

Schematic Representation of Conceptual Model

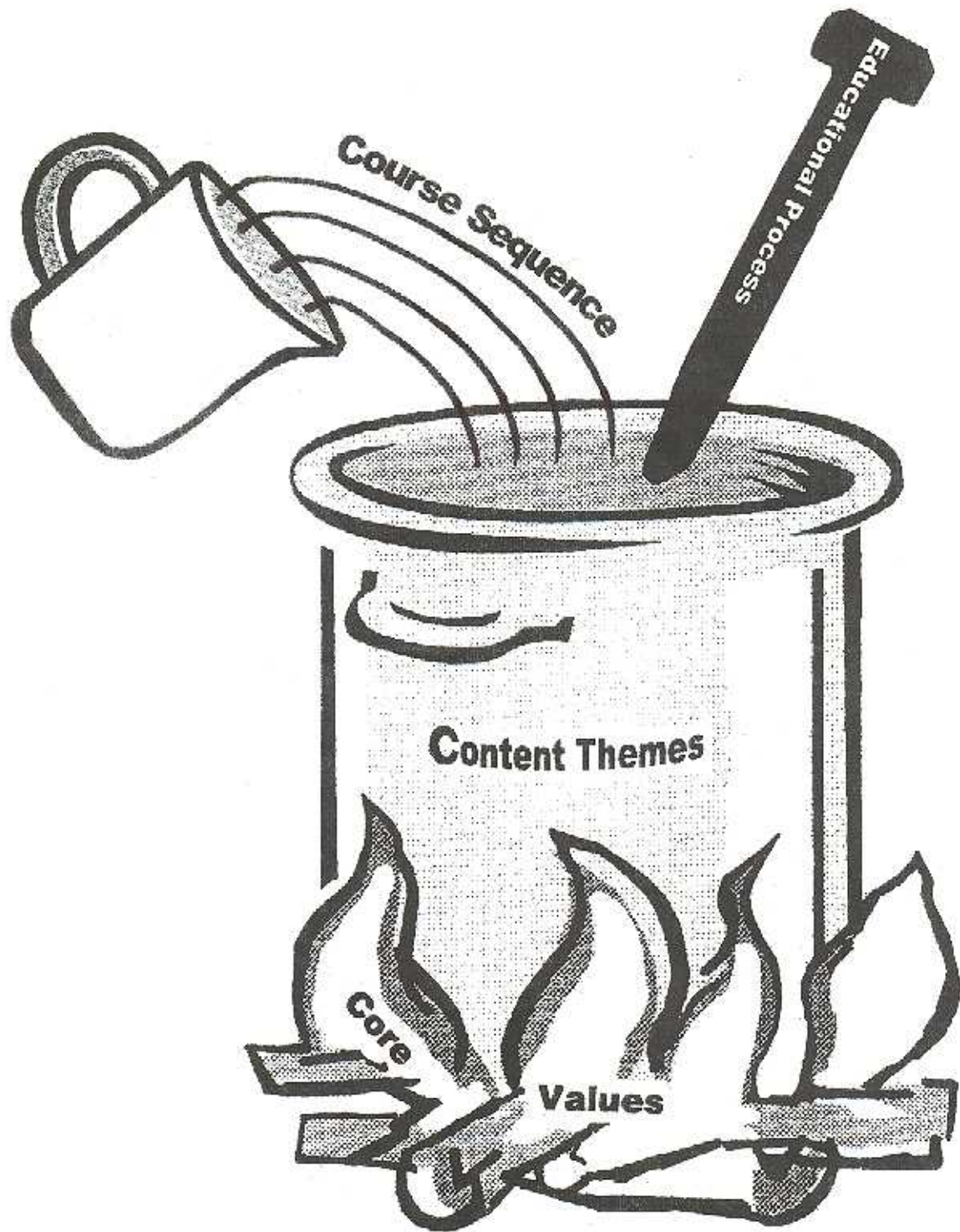


Figure 1. Representation of Conceptual Model of the Curriculum

## **STUDENT OUTCOMES**

1. Students will demonstrate an understanding of the basic tenets of occupational therapy. Students will:
  - a. Explain the history and philosophical base of the profession.
  - b. Articulate how occupation can promote health, well-being, quality of life, and prevent injury and disease.
  - c. State the relationship between areas of occupation, performance skills, performance patterns, contexts, activity demands, and client factors.
  - d. Articulate the effects of health and disability on an individual living in his/her context.
  - e. Explain the differences and similarities between occupation, activity, and purposeful activity.
  - f. Display behaviors indicative of reflective, empathetic, and ethical practitioners.
  - g. Demonstrate cultural competence.
  
2. Students will demonstrate an understanding of the theoretical bases of occupational therapy. Students will:
  - a. Develop a working knowledge of theories, models of practice and frames of reference used in occupational therapy.
  - b. Apply theoretical constructs to practice.
  
3. Students will demonstrate an understanding of the process of screening and evaluation. Students will:
  - a. Build a knowledge base of varied screening and evaluation methods.
  - b. Select appropriate assessment tools based on their psychometric properties and on characteristics of person and context.
  - c. Appropriately administer selected assessments and use occupation for assessment purposes.
  - d. Interpret and apply evaluation findings appropriately.
  
4. Students will develop an understanding of the process of intervention. Students will:
  - a. Develop and implement occupation-based intervention plans and strategies for various practice settings.
  - b. Collaborate with clients, caregivers, and other professionals to create intervention plans.
  - c. Demonstrate an ability to use a variety of teaching/learning techniques with clients, other health providers, and the public.
  - d. Communicate and document effectively through written, verbal, and nonverbal means.
  - e. Exhibit the ability to appropriately adapt occupations and the environment.
  - f. Know when to refer clients to other health professionals within and outside of the profession.
  - g. Demonstrate accountability for reimbursement of services.
  - h. Possess individual and group interaction skills for use with clients, other health care providers, and the public.

- i. Monitor, reassess, and modify interventions as needs of client changes.
  - j. Discharge clients using appropriate procedures.
5. Students will demonstrate an understanding of various contexts in which occupational therapy services are provided. Students will:
  - a. Identify policy issues related to systems in which occupational therapy may be found.
  - b. Understand models of service delivery of occupational therapy and systems that interface with occupational therapy, i.e., health care, education, community systems.
  - c. Appreciate the need to stay abreast of changes in the various service delivery systems.
6. Students will apply principles of management and systems to the provision of occupational therapy services. Students will:
  - a. Understand implications of State and Federal legislation in the delivery of occupational therapy services and credentialing of occupational therapy personnel.
  - b. Maintain records required of various practice settings.
  - c. Advocate for the profession and the consumer.
  - d. Demonstrate an understanding of reimbursement policies and procedures and their effects on service clients.
  - e. Exhibit professional work behaviors, i.e., proper maintenance of practice environments, time management, respectful treatment of others.
  - f. Understand the supervisory process of occupational therapy and non-occupational therapy personnel.
  - g. Acknowledge the ongoing professional responsibility for providing fieldwork education and supervision.
  - h. Develop and evaluate programs.
  - i. Explain fundamental marketing principles.
7. Students will understand the importance of working collaboratively with other occupational therapy personnel, and other service providers. The students will:
  - a. Recognize the role of the occupational therapy assistants in gathering data implementing interventions.
  - b. Demonstrate the ability to work collaboratively with clients, their caregivers, and other service providers.
8. Students will develop an ability to understand and apply research findings to practice. Students will:
  - a. Articulate the importance of research for practice and the continued development of the profession.
  - b. Appropriately use professional literature to make practice decisions; display evidence-based practice skills.
  - c. Participate in basic research studies.
  - d. Develop a basic understanding of the process of securing grants.

9. Students will understand and appreciate the ethics and values of the profession. Students will:
- a. Demonstrate knowledge of the Occupational Therapy Code of Ethics (AOTA, 2000), Core Values and Attitudes of Occupational Therapy Practice (AOTA, 1993), and the Standards of Practice for Occupational Therapy (AOTA, 1998).
  - b. Explain the functions of local, state, and national occupational therapy associations.
  - c. Promote occupational therapy.
  - d. Acknowledge the need to maintain professional competence through life-long learning.
  - e. Identify the varied roles of the occupational therapist.

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