Introduction and History of the Program

WELCOME to the Occupational Therapy Program! As an occupational therapy major you will be joining hundreds of students and graduates who have been admitted to and completed our professional program. The faculty and staff of the Department CONGRATULATE and WELCOME you.

The occupational therapy curriculum at Eastern Kentucky University was established in 1976 and is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). For further accreditation information, contact ACOTE % AOTA at P.O. Box 31220, 4720 Montgomery Lane, Bethesda, MD 20824-1220, (301) 652-2682, or www.aota.org.

Mission of EKU

For more than a decade, a mission statement approved by the Council on Postsecondary Education (formerly the Kentucky Council on Higher Education) has guided the University (see last section). During the planning process, this mission statement was refined to be more succinct and to better reflect our role for strategic planning purposes. We are not replacing the CPE mission statement, but rather, we developed a mission statement to appear in the context of the 2011-2015 University Strategic Plan. The revised mission statement is:

As a comprehensive public institution, Eastern Kentucky University prepares students to lead productive, responsible, and enriched lives. To accomplish this mission, the University emphasizes:

1. Student Success,
2. Regional Stewardship, and
3. Critical and Creative Thinking and Effective Communication.

Eastern Kentucky University (EKU) Occupational Therapy Curricula Framework

Vision of the Department of Occupational Therapy

Faculty and students of the Department of Occupational Therapy will achieve excellence in the study of occupation as a therapy and a science. We will be recognized for our engagement of individuals and communities in occupations to support participation in life.

Tag Line of the Department of Occupational Therapy

Learning to empower lives through occupation.

Mission of the Department of Occupational Therapy

The mission of the Department of Occupational Therapy is to provide students with an understanding of the essential links between occupational science and occupational therapy, to provide leadership that reaches international levels, and to help insure best-practice occupational therapy services to the citizens of the Commonwealth, through education, research, and service.
Philosophy of the Department of Occupational Therapy

Faculty members place occupation at the core of the curricular design. Occupations are activities...of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves...enjoying life...and contributing to the social and economic fabric of their communities... (Law, Polatajko, Baptiste, & Townsend, 1997, p. 32; American Occupational Therapy Association, 2008a)

Occupations form identity for individuals and communities by meeting needs for being, belonging and becoming (Fidler, G., & Fidler, J., 1978; Kielhofner, 2002; Wilcock, 1998). Occupations are organized into patterns or the “elemental routines that occupy people” and enable them to adapt to environmental demands (Yerxa, 1998, p. 413). Each occupation has many dimensions including performance, psychological, social, symbolic, spiritual, contextual and temporal elements. Therefore, the loss of engagement in occupations has a negative impact on the health and well being of individuals and the community. Occupational therapy supports individuals’ engagement in meaningful everyday occupations within the context of their lives.

The Department of Occupational Therapy in assuring its congruence with current best practice has selected as its foundation the discipline of Occupational Science. Occupational Science is the study of occupation and humans as occupational beings who engage in evolving and personally meaningful repertoires of daily occupations over the lifespan (Clark et al., 1991). The philosophy of occupational therapy and its relationship to occupational science, as adopted by the faculty of the Department of Occupational Therapy at Eastern Kentucky University, is comprised of four interwoven tenets:

**Occupation is essential to individual, community and societal health and well being.**

Humans have a biological, psychological, social, cultural and environmental need to engage in occupation. The growing body of research evidence highlights that engagement in occupations contributes to health, well-being and life satisfaction (Christiansen & Townsend, 2010; Hasselkus, 2002). Occupation captures the breadth and meaning of “everyday life activity” (American Occupational Therapy Association, 2008a, p. 628) and “enables humans to develop as individuals and as members of society” (Townsend, 1997, p. 19).

**Humans construct and seek meaning within multiple contexts.**

Context refers to interrelated environments within and surrounding the individual that influence the construction of daily life (American Occupational Therapy Association, 2008a). Context includes the cultural, personal, physical, social, temporal and virtual environments. Humans use their repertoire of skills in order to respond to the demands of the context and organize their occupations around internalized roles that give purpose and meaning to their lives. Fulfillment of these occupational roles connects individuals to their culture and contributes to mastery, health and well-being. Participation in occupation within multiple contexts is the primary way humans construct and seek meaning.

**The cycle of adaptation and occupational performance is foundational for expression of well-being in multiple contexts.**

Humans interact with their environment by using occupations to make adaptive responses to occupational demands and changes (Yerxa, 1998). Adaptation is influenced by the individual’s beliefs and values and contexts in which her/his occupations occur. The ability to organize and engage in occupations facilitates the development of new skills that enable the achievement of valued goals within a personalized environment (Yerxa, 1998).
Occupational therapy is a dynamic force for preventing, remediating, and compensating for occupational performance dysfunction.

In every life, adaptation occurs. Sometimes the ability to adapt cannot be achieved by individuals or by the community and in those instances intervention is needed. Occupational therapists provide service to diverse individuals and communities (American Occupational Therapy Association, 2010). Each person is unique, has inherent worth and shares the same fundamental rights and opportunities (American Occupational Therapy Association, 2010). Occupational therapy is both an art and science that strives to improve occupational performance, promote adaptation, foster role competence, enhance quality of life and influence health and wellness through interventions designed to reduce occupational dysfunction (American Occupational Therapy Association, 2008a). Occupational therapists maximize occupational performance for individuals and the community by advocating for best practice within the context of social, cultural and political service delivery systems.

Content, Scope, and Sequence in the Occupational Science and Occupational Therapy Curricula

Content

Content is organized by the five curricular themes that flow from the beginning of the Bachelor of Science (B.S.) in occupational science through the Master of Science (M.S.) in occupational therapy. These themes are: occupation, reasoning, diversity, communication, and professional identity. By understanding occupation in typical, developing and diverse people, students are better prepared to apply occupation as the profession’s primary means and ends of intervention.

Key constructs and concepts describing aspects of occupation include: the construction of self, contexts of occupations, design of occupation, occupational engagement across the lifespan, conditions affecting occupational performance, and the anatomical and neurophysiological basis of occupation. Students learn to design and provide occupation-based interventions to improve occupational performance, health, and well-being of diverse persons and groups of all ages and populations including our historic commitment to individuals with disabilities.

The curricula are responsive to emerging social trends and reflect developing theory and evidence in occupational science and occupational therapy. The M.S. curriculum is organized around the occupational therapy process as it is similar and different in health care, education, and community systems. Courses in research and management contribute knowledge that spans systems and develops professional identity.

Scope

The depth and breadth of the curriculum are designed to develop a generalist occupational therapist with a strong foundation in human occupation and occupation-based practice. The understanding of occupation is broad and grounded in the discipline of occupational science. Students are educated in uses of occupation to provide occupation-based intervention for individuals and groups of all ages through in-depth exploration of the occupational therapy literature.

The scope covers the spectrum of entry-level practice competencies in health care, education, and community systems. Throughout the curriculum students are introduced to the role responsibilities of a clinician, educator, advocate, educator, researcher, manager, and consultant. Each semester, integrative seminars focus students’ personal and professional understanding of the curricular themes through a portfolio process. Opportunities to develop specialized knowledge are offered through elective coursework, fieldwork experiences and inquiry team participation. The educational outcome is a competent entry-level occupational
therapist prepared to assume the responsibility and direct the life-long learning necessary for dynamic engagement and best practice in the professional role.

**Sequence**

The sequence of the B.S. and M.S. curricula builds from comprehension of the complexity of occupation, to the foundations of occupation-based practice, with application of that knowledge in occupational therapy settings. Students’ understanding of occupation develops in the following sequence within the B.S. curriculum: self as an occupational being in context, meaning of occupation to diverse individuals, patterns of occupation at the population level, occupation across the lifespan, conditions and barriers constraining occupational potential, and design and adaptation of occupations to support health, wellness, and quality life. This immersion in occupation continues as students develop an understanding of occupation-based practice in the M.S. curriculum within the following sequence: foundations of occupation-based practice, systems within which occupation-based interventions differ, and application of that understanding within fieldwork experiences. Experiences in the community progress from observation and active learning to graded application in Level I and Level II fieldwork with community partners. Skills of scholarship are first developed in didactic work, as students become consumers of research. They become active participants in research and contributors to the research process through participation in a faculty-mentored inquiry team.

**Master of Science Curriculum Design**

The EKU Occupational Science and Occupational Therapy curriculum design is consistent with the mission of the Department and the Institution. Both mission statements emphasize instruction, research, and service. The model is illustrated in Figure 1.
The curriculum model is comprised of 4 pedagogical elements which include: (1) concepts and knowledge base, (2) active learning experiences, (3) integrative seminars and (4) authentic assessment and portfolio creation. This model guides the development and implementation of course content and student learning outcomes, curriculum theme sequence and program outcomes.

Concepts and Knowledge Base.

The curriculum assists students in developing the skills for reflective practice and continued competence by recognizing that concepts and knowledge are socially constructed and always evolving. Students are offered varied opportunities and contexts for dynamic learning, personal growth and intellectual development including design work, collaborative scholarship (i.e., inquiry teams), self-directed study and other active/reflective methods.

Active Learning Experiences.

Active learning experiences are in-context learning opportunities designed for discovery, application and integration of concepts and knowledge. These experiences occur in individual courses and integrative seminars. Students may serve as they learn through service learning opportunities in selected occupational science and occupational therapy courses. They engage in socially relevant scholarship and research in collaboration with fellow students, faculty coaches and other university and community partners.

Integrative Seminars.

Integrative seminars provide students, faculty and community partners with reflective discussions designed to tie the five curriculum themes of occupation, reasoning, diversity, communication and professional identity together and create holistic understanding (Mezirow, 1991; Schon, 1987). Participants bring to these conversations their life experience as well as their study and practice in occupational science and occupational therapy.

Authentic Assessment and Portfolio Creation.

Portfolio creation and other forms of authentic assessment contribute to self-discovery and foster the integration and synthesis of each student’s learning toward curriculum outcomes (Jarvinen & Kohonen, 1995). Authentic assessment is evident in coursework and an individual student portfolio development process. Students engage in productive tasks and disciplined inquiry to demonstrate outcomes with opportunities for self-reflection, self-assessment and public presentation (Cumming & Maxwell, 1999).

Curriculum Theme Statements

Occupation, communication, diversity, reasoning and professional identity reflect the profession’s core and the essential values, knowledge and skills of occupational therapists. These five themes provide the framework for student outcomes and illuminate all aspects of the curriculum model. Occupation is the core theme. The focus of occupation in the bachelor’s curriculum is the occupation of self and others; in the master’s curriculum the focus is occupation in therapy and research contexts. Student outcomes for the curricula express what students are expected to be able to do at graduation. The five themes are defined as follows.

Occupation.

An informed perspective on occupation is grounded in the emergence of occupational science as the unique knowledge base of the profession. Occupational science includes the
study of the individualized and self-directed nature of occupational experience (Pierce, 2003), cultural repertoires of activities, typical patterns of occupation across the lifespan (Cronin & Mandich, 2005; Munier, Myers, & Pierce, 2008), the context of occupation (Blakeney & Marshall, 2009; Robinson & Godbey, 2005; Rowles, 1991; Whiteford, 2004; Wicks & Whiteford, 2005) and occupational patterns in differing life conditions, such as age and disability (Christiansen & Townsend, 2010). Occupational science also supports the advancement of occupational justice to meet the health and well-being needs of populations (Wilcock, 2006). Occupation is both the means and ends of occupational therapy intervention (Cynkin & Robinson, 1990; Gray, 1998; Trombly, 1995).

**Progression of student learning.**

Undergraduate students begin to understand the human as an occupational being by learning concepts and skills such as therapeutic use of self (Price & Miner, 2007, 2009), how to analyze the factors in specific occupations (AOTA, 2008a), how to support health and wellness through occupation (Clark et al., 1997), and how context impacts occupation. Graduate students then learn how occupation is therapeutically applied in practice. The occupational therapy process, as reflected in best practice applications of occupation (Case-Smith & Clifford-O’Brien, 2010; Trombly Latham, 2008), requires graduate students to understand how occupation-based assessments and intervention are done (Clark, Jackson, & Carlson, 2004; Townsend & Wilcock, 2004; Whiteford, 2005; Wood, 1998), how the client-centered approach is used (Law, 1998), how to use occupational context to reach intervention goals, and how to function effectively in specialized areas of occupational therapy practice (Radomski & Trombly Latham, 2008). Applications of this understanding can be a dynamic force for graduate students to prevent, remediate, and compensate (Pendleton & Schultz-Krohn, 2006) for occupational dysfunction and for using strategies of grading, adapting, modifying and making life context changes to support engagement in occupation.

**Reasoning.**

Excellence in occupational science and occupational therapy requires reasoning to effectively meet the challenges presented in practice. Forneris (2004) defines four basic critical thinking attributes: reflective, context, dialog and time. These attributes are the essence of clinical reasoning, and reflect the mission of EKU and the Quality Enhancement Program (QEP) goal to develop informed, critical and creative thinkers who communicate effectively. The QEP was “initiated with the 2007 Southern Association of Colleges and Schools (SACS) re-accreditation process to develop informed, critical and creative thinkers who can communicate effectively. This is represented with the E to the fourth power (E⁴) to indicate four basic tenets of thinking critically: Explore, Evaluate, Expand, and Express” (Eastern Kentucky University, 2011a).

**Progression of student learning.**

Using the model presented by Torcivia and Gupta (2008), undergraduate students develop and build upon knowledge of multiple types of reasoning including: scientific (procedural), narrative, pragmatic and ethical. Creative reasoning is also emphasized. Undergraduate students have multiple opportunities to learn and practice critical thinking skills. They develop these skills as they interact with individuals, groups and populations using multiple types of reasoning. They also explore occupational science research questions through reasoning. Students use reflection as a primary method for learning reasoning skills. These reflection skills are demonstrated in a variety of active learning experiences presented throughout the program and in their formative and summative portfolios.

Equipped with the fundamental clinical reasoning skills, graduate students apply the clinical reasoning skills developed as undergraduates to develop their interactive reasoning skills through case studies in the classroom, Level I and Level II fieldwork and in some courses, service learning opportunities. Graduate students then incorporate intellectual standards to assess thinking and reasoning as recommended by the QEP. Students learn to reason in
clinical situations with breadth and depth. They present significant findings with clarity and accuracy. Students reason from a theoretical perspective and structure their thinking to gather information and provide interpretation and inference to influence occupational performance of clients.

Concurrent with the acquisition of fundamental reasoning skills, students use these skills to understand and then participate in the research process. All graduate students participate in either an inquiry team doing a group project or thesis requiring the use of their skills in reasoning and contribute to research or a thesis. Elements of thought to develop relevant research purposes and questions are emphasized. Application of a variety of research methods is included to investigate occupational science and occupational therapy research questions. Analysis and significance of findings and fairness to human subjects are considered carefully. Implications and consequences for clinical practice are interpreted. New knowledge is generated to improve service to clients and to provide evidence-based support for occupational therapy.

Diversity.

Diversity can include differences in “race, ethnicity, religion, socioeconomic status, gender, sexual orientation, and physical disabilities” (Eastern Kentucky University, 2011b, p. 7). Culture is considered to be a contextual factor in human function by the World Health Organization (2001). Diversity in the curriculum includes particular attention to Appalachia and the Commonwealth, as well as global and community health issues and the public policies affecting them (Keefe, 2005; Kronenberg et al., 2005; Williams, 2001). Understanding and appreciating diversity enhances respect, improves relationships with others, and facilitates good communication skills.

Progression of student learning.

Undergraduate students begin to learn about diversity in a person’s occupational self-concept and context as the beginning of their evolution toward cultural competency. This journey is supported through cultural self-exploration, cultural knowledge, cultural skill, and advocacy for diverse persons and groups (Black & Wells, 2007). Graduate students collaborate with diverse people and communities to identify, evaluate and act on issues related to culture and diversity. Graduate students also learn to create occupation-based intervention and provide holistic, high quality care with diverse persons and groups.

Communication.

Communication skills are essential to an occupational therapist’s potential to serve the needs of society, collaborate with other service providers, advocate on behalf of clients, and interact with clients of diverse cultural and language backgrounds. Communication is used to express occupational science and occupational therapy contributions to promoting the health and participation of “individuals, organizations, communities and populations” (AOTA, 2008b, p. 695). Knowledge of the unique language and concepts of occupational science and occupational therapy is essential and requires skills in both oral and written communication. A skilled communicator demonstrates effective verbal and nonverbal abilities such as “…speaking, body language, reading, writing, listening… for varied audiences and purposes” (Masin, 2006, p. 132). Skilled communication develops so that students can convey ideas clearly and effectively as they become effective advocates for clients and the occupational therapy profession. Emphasis on communication skills reinforces the institutional mission of the QEP initiative.

Progression of student learning.

Undergraduate students learn to collaborate with individuals, groups, other students, and professors to develop an optimum course of action in the pursuit of intellectual growth. They learn to logically present information orally and through preparation of literature reviews, papers, and formal reports, and to share knowledge through professional presentations and
publications. At the graduate level, the ability to interpret and use both verbal and nonverbal communication as a part of professional growth and development is emphasized. Meaningful communication of listening and empathy are viewed as essential abilities for the fully present listener who is able to establish rapport and facilitate client-centered interactions (Froelich, 2010).

Communication skills progress on a continuum from the personal perspective at the undergraduate level, to the more complex interaction expected of professionals in health care and community environments. Inherent in these complex interactions is the graduate students’ efficient application of data gathering skills based on interviews and observations used to obtain information about clients and groups. Since the documentation process is seen as an important aspect of professional communication (MacRae & Croninger, 2010), graduate students learn documentation skills related to various practice settings and become acquainted with written communication expectations developed by associations and regulatory bodies.

**Professional Identity.**

Basic and essential professional behavior includes, but is not limited to: demonstrating personal responsibility and accountability, dependability, promptness, membership in student and professional organizations, integrity, cooperation, commitment to learning, self-regulation, effective use of time and resources, dedication to high standards of excellence, and projecting a professional image (Kasar, 2000; McCormack, Jaffe, & Goodman-Lavey, 2003; Randolph, 2003). In addition, professionals act ethically and morally, with honesty, empathy, compassion, and continuous regard for all. Occupational therapists must be prepared to skillfully negotiate multiple systems and to assume within these systems a variety of professional roles, including: continually competent practitioner with a strong occupational therapy identity, life-long learner, collaborator with clients, occupational therapy assistants (Sands, 2003), and other professionals, leader, entrepreneur, educator, manager, strategic planner, program designer and evaluator, consultant, researcher, grant-writer, advocate, ally in the shaping of policy and service, and interdisciplinary team member.

**Progression of student learning.**

Students engage in an ongoing process of learning professional behavior, roles, and values in order to establish a professional identity (Schell, Crepeau, & Cohn, 2003). Undergraduate students learn, demonstrate, and reflect on basic professional behavior appropriate to the occupational science educational setting. Graduate students progress to advanced learning, projecting, and evaluating the behavior, roles, and values essential to a practicing occupational therapist (Fidler, 1996). A graduate student with a strong occupational therapy professional identity demonstrates actions based on the profession’s code of ethics that reflect the profession’s values, principles, and beliefs, and is able to articulate the unique history, attributes, and constructs of occupational therapy that separate this discipline from others.

**Occupational Therapy Program Outcomes**

The curriculum model is designed to provide opportunities for students to achieve program outcomes. The portfolio and other measures of authentic assessment are the primary means for evaluating student learning and program outcomes. See Tables 1 & 2.
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<th>Table 1</th>
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<tr>
<td>Bachelor of Science in Occupational Science Program Outcomes</td>
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<td>Progression of Outcomes in the Occupational Science Program</td>
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</table>

<p>| Occupation                                                                 | 1. Apply knowledge of occupational science to understand yourself and others as occupational beings to promote health and wellness |
|                                                                          | 2. Analyze the dynamics of context and occupation across the lifespan |
| Reasoning                                                                | 3. Demonstrate the use of varied types of reasoning required of health professionals. |
|                                                                          | 4. Understand the purpose and demonstrate methods of scholarly inquiry |
| Diversity                                                                | 5. Explore your dimensions of diversity |
|                                                                          | 6. Understand how diversity influences occupational opportunity and participation of persons, populations and organizations. |
| Communication                                                             | 7. Communicate using the ideas and language of occupational science |
|                                                                          | 8. Demonstrate observation and interview skills |
| Professional Identity                                                    | 9. Demonstrate knowledge of societal health concerns and approaches |
|                                                                          | 10. Evaluate your actions as a student, advocate, educator, leader and researcher |</p>
<table>
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<tr>
<th>Theme</th>
<th>Expectations on entry</th>
<th>Instructional Outcomes</th>
<th>Level II Fieldwork Outcomes</th>
<th>Graduation Outcomes</th>
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<tr>
<td>Occupation</td>
<td>Apply knowledge of occupational science to understand yourself and others as occupational beings to promote health and wellness. Analyze the dynamics of context and occupation across the life span.</td>
<td>Analyze occupational performance based on occupational profiles reflecting the diversities of persons across the life span and continuum of care. Plan occupation-based intervention by acquiring, analyzing, and synthesizing knowledge from assessments. Implement and review interventions to engage persons in their valued occupations and promote health and wellness. Adapt context during assessment and intervention to support occupational performance within lived environments. Use outcome measures throughout the OT process as they relate to supporting health and participation in life through engagement in occupation.</td>
<td>Demonstrate entry-level practice competency in the occupational therapy process.</td>
<td>Design, provide and analyze evidence-based occupational therapy services that support health and participation in life through engagement in occupation.</td>
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<tr>
<td>Reasoning</td>
<td>Demonstrate the use of varied types of reasoning required of health professionals.</td>
<td>Articulate a clear and logical rationale for the assessment and intervention process.</td>
<td>Demonstrate entry-level practice competency in the occupational therapy process.</td>
<td>Contribute to occupational therapy practice, education and research through the ethical application of reasoning abilities.</td>
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<td>Understand the purpose and demonstrate methods of scholarly inquiry.</td>
<td>Use evidence to support assessment and intervention decisions.</td>
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<td>Contribute to knowledge relevant to the profession of occupational therapy by developing skills of scholarly inquiry.</td>
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<th>Diversity</th>
<th>Explore your dimensions of diversity.</th>
<th>Describe political processes and products that affect occupational therapy.</th>
<th>Demonstrate entry-level practice competency in the occupational therapy process.</th>
<th>Collaborate with others to promote the health and well-being of diverse persons, populations and organizations.</th>
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<td></td>
<td>Understand how diversity influences occupational opportunity and participation of persons, populations and organizations.</td>
<td>Conduct appropriate assessments to determine the occupation-based needs of persons, populations and organizations.</td>
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<td>Employ knowledge of diversity to collaborate with persons, populations and organizations.</td>
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<th>Communication</th>
<th>Communicate using the ideas and language of occupational science.</th>
<th>Express and justify occupational therapy’s unique value to diverse populations.</th>
<th>Demonstrate entry-level practice competency in the occupational therapy process.</th>
<th>Collaborate with diverse persons, populations and organizations to promote health and wellness.</th>
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<td></td>
<td>Demonstrate observation and interview skills.</td>
<td>Interact with diverse persons, populations and organizations demonstrating collaborative relationships.</td>
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<td>Professional Identity</td>
<td>Demonstrate knowledge of societal health concerns and approaches.</td>
<td>Articulate the values, beliefs and principles of occupational therapy.</td>
<td>Demonstrate entry-level practice competency in the occupational therapy process.</td>
<td>Reflect the profession's values, principles and beliefs in carrying out professional requirements and responsibilities.</td>
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<td>Evaluate your actions as student, advocate, educator, leader and researcher.</td>
<td>Create an occupational therapy professional identity through reflective processing of learning experiences.</td>
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References


mental health, and social service professionals. Knoxville, TN: University of Tennessee Press.


Curricular Framework Reaffirmed: 9/2011

- Vision of the Department of Occupational Therapy Approved: 1/2004
- Tag Line of the Department of Occupational Therapy Approved: 1/2004
- Mission of the Department of Occupational Therapy Approved: 1/2004; Revised and Approved: 3/2010
- Philosophy Approved: 1/2004; Revised & Approved: 2/2006
- Content, Scope and Sequence Approved: 2/2006
- Curriculum Theme Statements Approved: 2/2010
- Curriculum Model Approved: 2/2011