ABSTRACT:
The University of Oklahoma Health Sciences Center (OUHSC) Program in Occupational Therapy is a three-year entry professional master’s degree within the College of Allied Health. Occupational therapy is a health profession uniquely suited to serve public health needs enabling health and participation by engaging individuals, groups, communities, and populations in healthy everyday activities in home and community contexts.

This case illustrates the process of transforming a curriculum of study from a medical model of treating individuals with disabilities to one focused on population-based interventions promoting the health status of the community by preventing disease, injury, and disability. We detail this organic process of incorporating learning experiences into a curriculum by outlining student learning opportunities throughout a curriculum focused on community-based education opportunities. We depict the learning activities in the Sequence of Community-Based Service-Learning Opportunities table.

The curriculum’s greatest successes lie with sustainable community partnerships, the on-going requests from community organizations to work with our educational program, and our students’ voluntary participation in community- and population-based service activities. Progressively engaging occupational therapy students in community- and population-based health promotion and injury prevention activities through engagement in occupations has resulted in graduates who are actively involved in promoting public health.

EDUCATIONAL METHODS OR APPROACHES USED:
Program - The University of Oklahoma Health Sciences Center (OUHSC) Program in Occupational Therapy is a three-year entry professional master’s degree within the College of Allied Health. The Program has two campuses: The University of Oklahoma Health Sciences Center in Oklahoma City and the University of Oklahoma OU Tulsa Schusterman Center in Tulsa. Each year the program accepts 20 students on our Oklahoma City campus and 12 students on our Tulsa campus, totaling approximately 100 students enrolled across both campuses in all three years. Most are residents of the state who collectively represent both urban centers and rural Oklahoma. Upon graduation, most practice in Oklahoma. Occupational therapy programs consist of didactic classroom and 24 weeks of supervised practicum experience called “fieldwork.”

Occupational Therapy - Aligned with the World Health Organization ([WHO], 1986) definition of health promotion as “the process of enabling people to increase control over, and to improve their health,” occupational therapy is a health profession uniquely suited to serve public health needs. The basic premise of occupational therapy is to enable health and participation through engagement in everyday activities or occupations (American Occupational Therapy Association [AOTA], 2008). Although occupational therapists often provide intervention at the individual level, this foundational belief in the power of occupation for health and quality of life is equally applicable to populations, organizations, and communities.

Population-based interventions focus on promoting the health status of the community by preventing disease, injury, disability, and premature death. Such intervention can include community needs.
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assessment, health promotion and education, disease and disability prevention, monitoring of services, and media interventions. Occupational therapists target these interventions to a subset of a population or a population at large. Characteristics related to health that may define subsets include geography, culture, race and ethnicity, socioeconomic status, or age (ACOTE Standards and Interpretive Guidelines, December 2010).

PROJECT DESCRIPTION:

**Moving into the Community** - Several external factors provided the impetus to adopt a more community-focused model. In 2001, the AOTA Commission on Practice charged practitioners to assume a greater public health focus and to promote health for individuals and communities through engagement in meaningful activities and occupations that promote healthy lifestyles. The Occupational Therapy Practice Framework (AOTA, 2002, 2008) defines health promotion as one of the five intervention approaches used by occupational therapists. The educational program accrediting body of the AOTA, the Accreditation Council for Occupational Therapy Education (ACOTE) established Standards (1998, 2006) that reaffirmed the need for entry-level practitioners to consider entities larger than the individual in context and expand practice with groups, organizations, and communities. In support of the expansion of practice to community settings, ACOTE permitted fieldwork in settings not employing occupational therapists. In those settings, an experienced occupational therapist can supervise students a minimum of eight hours per week in conjunction with experienced non-occupational therapy professionals employed on site.

Our program responded to these external factors as we advanced our Bachelor’s level program, focused on individual medical model based intervention, to a Master’s of Occupational Therapy. In order to facilitate wider adoption of health promotion practices in Oklahoma, the faculty established education goals for wellness and prevention. We consciously adopted community-based service learning as an educational method and set out to infuse group, community, and population content and experiences in the new curriculum that began in 1999. The same year, we expanded the Program to the Tulsa Schusterman Center.

**Learning Strategies** - In the move from the Bachelor’s to Master’s level entry to the profession, we built on the existing educational philosophy of educating the adult learner. We base our reiterative curriculum on Bloom’s Taxonomy (1978), systematically progressing along a developmental sequence with increasingly complex populations, situations, and environments. We infuse concepts of adult learning and adult education (Knowles, 1998; Rogers, 1968; Schön, 1987; & Smith, 1982) and evidence-based practice (Sackett et al, 1996) in classroom, hands-on laboratory experiences, service learning, and fieldwork. Through community-based labs, service learning and fieldwork, students balance reflection-in-action with knowing-in-practice through reflection. In their final two semesters, students propose clinical research based on questions arising from fieldwork and engage in a form of qualitative research to write an autoethnography to reflect on their educational process as they transition from student to practitioner (Hoppes, Hamilton, & Robinson, 2007). We rely on service learning and community-based experiences to support this education philosophy. The emphasis is mutual exchange between the population served, community partners, and students that results in lasting change for all participants. See examples of community-based service learning in the Sequence of Community-Based Service-Learning Opportunities table. As illustrated by the table, we sequence community-based service learning opportunities throughout the curriculum to insure that every student has the basic competencies to address the influence of the environment on health promotion and prevention through engagement in healthy occupations.

The curriculum engages students in community- and population-based health promotion and prevention competencies throughout the three years of study. In their first fall semester, students regularly interact
with an individual with health concerns living in the community, experience the meaning of disability by participating in everyday activities in the community with a temporary impairment, volunteer for community projects, and participate in a schools-based health promotion and injury prevention program aimed at children carrying backpacks safely. For each, students reflect on the experience and its relevance to their learning. The second semester, students apply didactic learning to designing craft activities for older adults and engaging children in after-school play at a school for the homeless while expanding their volunteer work. The third semester focuses on how environments support and hinder community participation. Students design home modifications so older low-income homeowners with disabilities can age safely in their homes, evaluate public facilities using the Americans with Disabilities Act standards, and screen older adults for falls prevention. By the fourth semester, they are prepared to lead the Backpack Awareness Day project and provide recommendations for health promotion and injury prevention for adults in a variety of work settings. They complete three diverse community projects the following semester. One focuses on the design and application of assistive technology for people with physical disabilities. For example, over several years, students modified work environments to promote independent self-care for adult workers with cerebral palsy. The second focuses on routines at home and in community with a family with a child with disabilities. The third provides experience in delivering health-promoting occupations to groups.

Each semester, this sequence reinforces didactic learning while building proficiency and expanding community and population foci. The curricular emphasis on public health content culminates in the seventh semester with OCTH 7192 Exploring Community Participation, the capstone course for service-learning and community-based practice. See the attached syllabus for details about this course. The purpose of this third-year course is to introduce and develop community-building skills. Students examine contemporary approaches to intervention in community settings, including needs assessment, community-building, program development, funding alternatives, identification and measurement of program outcomes, and program evaluation. Students assess needs of the participants, the environmental contexts, and occupations to formulate hypotheses, work with participants, students, and facility staff to suggest training and environmental modifications to enhance occupational performance. For example, in several school settings, they recommended environmental modifications to support attention in classrooms, designed an anti-bullying pro-social curriculum, taught emotional regulation and coping skills activities, and promoted exercise and outdoor activity for children ages 2-11 years old. In the convent living area for a private school, students assessed hazards and implemented environmental modifications by modifying laundry baskets and placing safety equipment in bathrooms.

An ENBRE grant on the OUHSC campus allowed OU Tulsa’s School of Community Medicine to offer grants to researchers to understand community problems. As a recipient, a faculty member initiated a project to understand the persistent health disparities in the community directly surrounding the OUHSC campus in Oklahoma City. Over the past two years, students in the Exploring Community Participation course have completed windshield tours, interviews of members and stakeholders, and contextual observations at local businesses. As a culminating project, they invite the community to presentations and offer a venue for solution building.

**HEALTHY PEOPLE OBJECTIVE ADDRESSED:**

ECBP-12-16: Increase the inclusion of core clinical prevention and population health content in health professions education.

**PROGRAM OR COURSE GOALS:**

Number of students enrolled/participating in 2010-2011 school year: 100
Our Program’s goal is to produce occupational therapy graduates who are prepared to work with groups and organizations to address population and individual public health needs through engagement in healthy occupations. Critics noted that public health initiatives do not address the environment (Satariano, 1997). McElroy, Bibeau, Steckler and Glanz (1988) proposed the need for an ecological model for health promotion that focused beyond the typical individually-oriented behavioral change strategies, primarily through health education. Their proposed ecological model recognized that promoting changes in social and environmental factors also supports changes in individual and societal health. Interventions designed to support and maintain health that address interpersonal, organizational, community, and public policy factors have positive effects on health. Occupational therapy emphasizes the influence of the environment on public health.

As a health care profession, occupational therapy promotes health and participation of people, organizations, and populations in environments through engagement in everyday activities (occupations). Engagement in occupation promotes health for individuals (healthy or with disabilities), groups, communities, and populations (AOTA, 2008). A basic model of occupational therapy is the Person-Environment-Occupation model from the Canadian Model of Occupational Performance (Canadian Association of Occupational Therapists, 1997). This model not only depicts occupational therapy’s scope of practice as the relationship of the person (or group, community, or population), their environments, and occupations, but also the goal of maximal fit of all elements to enhance occupational performance (Rigby and Letts, 2003). Environments include cultural, personal, physical, social, temporal, and virtual contexts (AOTA, 2008). See the attached Venn diagram of the Person-Environment-Occupation (P-E-O) model.

As illustrated by the P-E-O model, the environment in which an individual, group, community, or population engages in occupation is critical to optimal health. We emphasize the role of the environment by engaging students in community-based experiences where people live and engage in work, personal care, homemaking, and leisure activities. In addition, students learn how to assess and modify environments for safety and optimal engagement in occupations in community settings.

Did you conduct a needs assessment as part of your planning process? □ Yes  ☒ No

PROFESSIONS INVOLVED:
Professions involved are occupational therapy faculty members, occupational therapy students, and community partners. See the attached Community Partners list.

LESSONS LEARNED/EVALUATION RESULTS:
Curricular change supported by experiential learning demands significant resources, including experienced practitioners working with groups and populations in social and community settings. Although the changes in ACOTE Standards supported this expansion, the Oklahoma Occupational Therapy Practice Act required supervision by an on-site occupational therapist employed by the facility. In 2003, our program led the effort to align the Practice Act with ACOTE guidelines. Eliminating this regulatory barrier allowed faculty to advance the goal of providing community-based fieldwork for students. Without occupational therapists employed in settings providing prevention and health promotion services, student experiences were limited to those designed and supervised by faculty.

Developing relationships, designing, and supervising community learning opportunities takes time. Each faculty member assumed responsibility to engage students in community experiences and foster a service-learning relationship with a community agency. The early success of a senior faculty member in developing an occupational therapy program at a shelter for the homeless resulted in the hiring of two occupational therapists and an occupational therapy assistant who enthusiastically accepted students.
By obtaining small grants and contracts, providing fieldwork student supervision, and pro bono service, we systematically built sustainable community partnerships. The addition of OCTH 7192 Exploring Community Participation formed the capstone experience to which other community-based experiences built. This organic process evolved from a conscious effort to move from individual medical model intervention to community-based group and population models over the past 12 years.

Faculty remain committed to integrating experiential learning opportunities with didactic content to provide students with opportunities to work with community agencies that provide population-based health services. By threading educational opportunities for prevention and health promotion throughout the curriculum, students embrace their role in meeting public health needs of the community through occupation. The most gratifying demonstration of this organic change is student receptivity and willingness to participate in volunteer community service opportunities. Our greatest successes lie with our sustainable community partnerships (see attached list), the on-going requests from community organizations to work with our educational program, and our students’ voluntary participation in community- and population-based service activities.

**CONCLUSION:**
Progressively engaging occupational therapy students in community- and population-based health promotion and injury prevention activities through engagement in occupations has resulted in graduates who are actively involved in promoting public health. This case illustrates the organic process of incorporating student experiences into a curriculum for occupational therapy students. Strategic planning for curricular change initiates an organic process implemented over several years. Key tasks include faculty commitment and partnering with community agencies.

**COMPANION MATERIALS:** (Course syllabi, resource lists, tests, website, etc.)
Person-Environment-Occupation (P-E-O) Model; Sequence of Community-Based Service-Learning Opportunities; OCTH 7192 Exploring Community Participation course syllabus; Community Partners

**PUBLICATIONS:**
None related to this case study

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