



Faculty of Health and Social Sciences

BSc (Hons) Occupational Therapy

STUDENT HANDBOOK

Level 6 Guide

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Faculty of Health and Social Sciences
Bournemouth University
Poole
Dorset
BH12 5BB

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1. Welcome to the BSc (Hons) Occupational Therapy handbook!

Welcome to this BSc (Hons) Occupational Therapy handbook. This handbook is designed to provide an overview of the programme and signpost you to other resources and facilities that are available to you during your studies here at BU. The handbook:

- Outlines the context in which the programme is delivered;
- Describes the underpinning occupational therapy and educational philosophy;
- Describes the programme structure and content;
- Describes the educational experiences provided within the programme;
- Signposts sources of support throughout your time at BU;
- Explains the assessment processes and procedures;
- Describes the programme management processes.

It should be read in conjunction with the generic BU handbook and the information for each unit (available on Brightspace, which is the university's virtual learning environment). It also contains some information about the regulations for the programme and programme outcomes.

This programme is designed to enable you to meet the Health and Care Professions Council (HCPC) Standards of Proficiency for Occupational Therapists and thus upon successfully completing all elements of the programme you will be eligible to apply for registration with HCPC as an Occupational Therapist. The programme also is guided by the Royal College of Occupational Therapists (RCOT) Education Standards. It is expected that you become familiar with the codes of ethics and conduct of both HCPC and RCOT and abide by them throughout your training.

We work hard to ensure that all information is clear and accurate. All information is subject to change. Where a change occurs, this will be clearly explained and notification will be placed on Brightspace.

2. BSc (Hons) Occupational Therapy Programme Context

2.1 Programme Aims

The overall aim of the programme is to produce graduates with the necessary knowledge, skills and attributes to work safely, ethically and effectively as Occupational Therapists in a wide variety of settings, and through continuing professional development (CPD) to become leaders within the profession. Through successful completion of all assessments, students demonstrate that they meet the Standards of Proficiency for Occupational Therapists set out by the HCPC. The programme reflects the philosophy, core values, skills and knowledge base of occupational therapy, as articulated by the Royal College of Occupational Therapists and the World Federation of Occupational Therapists.

Bournemouth University's Occupational Therapy graduates will be competent and confident professionals, who are reflective and critical in their thinking and approach to practice. They embrace diversity, respect clients and client choices and engage in open, compassionate communication. Graduates value both working collaboratively with colleagues, clients and their significant others and also working independently. Their strong professional identity and focus on the centrality of occupation enables them to adapt to a variety of health, social care and third sector settings, as well as seize new opportunities in emerging areas of practice.

More specifically the programme aims to develop Occupational Therapists who are:

- Excellent communicators who work well in teams;
- Knowledgeable: understanding is underpinned with a strong basis of scientific and theoretical knowledge, resulting in flexible problem-solving skills;
- Focused on meeting the occupational performance and engagement needs of service users, with a strong grounding in occupational science, and clear, nuanced understanding of the influence of occupation on health and well-being;
- Confident in their professional identity and able to comprehensively articulate the core values and skills of Occupational Therapy to clients, stakeholders and the wider public;

- Skilled, reliable, highly motivated and practical therapists who are able to apply practice skills in a range of organisational settings;
- Consumers and potential producers of research;
- Reflective practitioners with a robust foundation in clinical reasoning skills who are committed to lifelong learning;
- Able to respond to development opportunities arising through changing service, community, business and social enterprise needs;
- Equipped with the core and transferable skills to develop Occupational Therapy within new areas of practice and enterprise;
- Able to manage their own learning, facilitate that of others and maximise opportunities for continuing professional development.

2.2 Professional context

Registration with the Health and Care Professions Council is required in order to practise as an Occupational Therapist in the UK. This programme enables students to demonstrate each of the required standards of proficiency and thus be eligible to apply for registration with HCPC. Students' awareness of and adherence to HCPC and RCOT standards of ethics and professional behaviour are an integral part of the programme delivery. The provision of the education experience and assessment of performance is designed to clearly meet the HCPC Standards of Education and Training.

Links to key Information about professional suitability including the codes of ethics and professional standards is available on Brightspace. All students are required to read these documents and maintain professional behaviour. There are also policies and procedures relating to discipline and academic offences outlined on Brightspace and in the practice assessment document.

The programme also meets the Royal College of Occupational Therapists' Pre-registration Education Standards. Students are encouraged to become members of the British Association of Occupational Therapists and to become aware of the work of the professional body. Regular contact is maintained with RCOT and the Council of Occupational Therapy Education Directors in order to ensure that the programme reflects contemporary Occupational Therapy policy within the UK and internationally.

A key component of the programme is that students develop their skill in life-long learning and continuing professional development. This focus not only enables graduates to meet the HCPC standards for continuing professional development but also aims to support them to become future leaders in the profession.

Links with local Occupational Therapy practitioners and service managers is considered a priority, not only to ensure high-quality placement provision, but also to reflect contemporary practice within the programme. These links also enable students to learn from a wider range of Occupational Therapists with relevant specialist expertise and knowledge.

As the BSc (Hons) is a professional programme, students are provided with and required to abide by the professional conduct and ethics standards of both HCPC and RCOT. Mechanisms are in place to identify issues and support students to develop professional behaviour, both through their academic advisor and on practice placement. There are also the university fitness to practice & study policies managed by student support services and the academic offences system, managed by the university academic quality team.

2.2.1 Occupational Therapy in Dorset, Somerset, Salisbury (Wiltshire) and Southampton (Hampshire).

There are several NHS Trusts and Local Authorities with whom the Occupational Therapy team at BU liaise for practice placements, research, employment opportunities and practice development.

These Trusts and Local Authorities cover a broad range of services, including:

- Learning disabilities – community teams, intensive home treatment
- Mental health – in-patient, community, adults, older persons, child and adolescent services
- Paediatrics - school, home and clinic based (NHS)
- Acute hospital services such as medicine and surgical wards, orthopaedics, A&E, medicine for the elderly

- Community hospitals
- Community rehabilitation teams
- Independent Living Teams (combined health and social care)
- Specialist teams – Acquired Brain Injury, Hand Therapy, Burns and Plastics, Duke of Cornwall Spinal Injuries Centre, Wessex Rehabilitation, Vocational Rehabilitation, Eating Disorders, Adult Asperger’s Service, Behavioural Outreach Service, Wheelchair Services, MS Service, Pain Management Team, Housing Teams, Forensic Team
- Re-ablement Teams
- Adult Social Care
- Disabled Children’s Teams (Social care)

In addition to these public sector providers, Occupational Therapy services are also provided from third sector services including charities and private sector providers.

The strong links between the Occupational Therapy team and the practice settings ensure that changes and developments in services are known and reflected in Occupational Therapy education at BU.

2.2.2 The University Environment

This Occupational Therapy programme sits within BU’s Faculty of Health and Social Sciences (HSS), which is the largest Faculty in the University. BU has a strong professional orientation with a focus on academic excellence and graduate employability. This ethos is strengthened further by the University’s strategic plan, the core values of which are ‘Inspiring education, advancing knowledge and enriching society’ and the fusion of ‘research, education and professional practice’.

Within Occupational Therapy education, BU’s values are reflected through the range of teaching, learning and assessment methods, our developing research profile and the ever strengthening links with practice partners throughout placement areas.

The programme is also influenced by the Faculty of Health and Social Science’s values, particularly a significant strength in humanising, a focus on making people’s

lives better and the use of research to underpin practice. Staff are engaged in research communities, drawing on these to influence teaching and learning.

3. Programme Philosophy

3.1 Occupational Therapy philosophy

The programme team draw on the Royal College of Occupational Therapists' and World Federation of Occupational Therapists' definitions of Occupational Therapy:

“Occupational Therapy empowers people to reach their full potential, achieve their goals, and enjoy life to the full... “Occupation” refers to practical and purposeful activities that allow us to live independently and give us a sense of identity. This could be anything from essential day-to-day tasks, such as dressing or cooking, to the things that make us who we are—our job, interests, hobbies and relationships. Occupational Therapy provides practical support to enable people to overcome any barriers that prevent them from doing the activities that matter to them, and helps to increase people's independence and satisfaction in all aspects of life.” (COT 2011).

“Occupational Therapy is a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of Occupational Therapy is to enable people to participate in the activities of everyday life. Occupational Therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.” (WFOT 2012).

The College of Occupational Therapists (COT), in its 2004 curriculum framework document explains that, ‘Occupational Therapists work with people whose ability to undertake their desired activities is impaired. For this reason the study of, and belief in, occupation as an agent for the maintenance and restoration of human health and well-being is at the heart of pre-registration Occupational Therapy education’.

Increasingly it is acknowledged that Occupational Therapists may work with communities or organisations rather than individuals (Townsend and Polatajko 2007; 2007; WFOT 2012). Whether working with individuals or groups, the expertise of the

client about their life are emphasised (Townsend and Polatajko 2007; Sumsion 2006; WFOT 2012).

Occupational Therapy is underpinned by the recognition that people are “occupational beings,” valuing occupation: the tasks, and activities that people do in their everyday lives (Hagedorn 1996). Occupations include things people need to, want to and are expected to do within their day-to-day life (Townsend et al 1997; Townsend and Polatajko 2007; WFOT 2012). Occupational Therapy focuses on enabling occupational performance and engagement, which is characterised by the interaction between the person, the environment and the occupation (AOTA 1995; Townsend et al 1997; Townsend and Polatajko 2007). In Occupational Therapy, occupations refer to all everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life (WFOT 2012). Engagement in a variety of occupations is thought to be health-promoting and health-sustaining (Whiteford, 1999); complementing the view of health held by the World Health Organisation (WHO 2001).

The way in which individuals perform tasks and occupations, within roles related to their daily lives, requires learning, adaptation and response to external stimuli (Kielhofner, 2002).

Participation in a range of activities can indicate health status (WHO 2002). Health is defined in the constitution of the World Health Organisation as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1946). A healthy person is seen as one who can perform daily occupations effectively and respond to change by adapting activities to meet the changes. Health can be promoted by occupational balance, that is, the performance of a variety of occupations or undermined by occupational imbalance (Whiteford, 2000). Health can also be identified as the way in which the individual adapts to a changing environment as opposed to being free from disease.

3.2 Educational Philosophy

The programme team's educational values centre on valuing you, the students as our future colleagues. A collegiate atmosphere, respect and approachability are paramount. The team work towards the shared goal of the best quality Occupational Therapy education possible. Therefore, an open and collaborative environment where students' views are respected, your input is sought and feedback seriously considered. We consistently work to produce very high quality education and student experience.

You are viewed as adult learners and it is expected that you will take responsibility for your own learning. If you require initial assistance to develop the attitudes and skills associated with adult learning, you should seek advice from your academic advisor and other services, such as the library and learning service to gain the support you need. As part of a student-centred approach to learning, students are allowed to make mistakes within the "safe" University environment and learn from the experiential process. You will have opportunities to develop your own learning style, as well as the attitudes and skills required for life-long learning. The programme team adapt teaching and learning methods to meet the identified needs of student groups.

Throughout the programme, you will be encouraged to develop critical thinking and reasoning skills to enable you to deconstruct and reconstruct arguments, justify actions; use the best evidence to guide practice and make autonomous, informed professional judgements. This can sometimes be challenging! A coherent, structured backbone of theory and knowledge is provided and immediately applied practically through skills sessions and with case scenarios. The application of knowledge is more highly valued than the knowledge itself; therefore it is the application of knowledge that is the focus of assessment. This means that, for example, you will learn about an Occupational Therapy theory and be expected in an assignment not only to describe the theory (the knowledge) but also give examples of how it could be used in a given case-study example (application of knowledge).

Collaborative group work in scheduled learning opportunities is expected as well as self-managed learning as an important part of the educational journey. Peer support and education is encouraged to contribute to students developing their own thinking and sense of belonging to a community of students and future occupational therapists. We highly recommend that you form study groups and work with peers to resolve the issues presented in seminars and on-line, that you discuss theory and application of knowledge with peers and develop your sense of identity as part of an Occupational Therapy community of learners.

Practice placement education is highly valued. Collaboration and close communication between the University and practice partners is a priority, which not only enhances the quality of practice placement education but also enables the programme to remain contemporaneous and relevant to practice. You are expected to uphold all professional values on placement and be pro-active in working with your practice placement educator to ensure that you get the most out of your placement experience.

4. Structure of the BSc Occupational Therapy programme

4.1 Overview of the programme structure

The focus of the first year of the BSc (Hons) Occupational Therapy programme is to enable you to develop a good understanding of occupational performance and engagement in the individual. You will be introduced to Occupational Therapy and occupational science theory, the social and medical sciences applied to occupation and the occupational therapy process with individuals with a range of conditions and circumstances. You will undertake a unit in skills for therapy practice, which includes communication, and will begin your continuing professional development (CPD) journey. There is one orientation practice placement and one assessed 6-week placement with local service providers.

In the second year, you will move on to deeper consideration of Occupational Therapy theory and understanding the importance of underpinning practice with appropriate evidence. The focus will move from the individual to Occupational Therapy in the community, and new and emerging areas of practice will be explored through an inter-professional promoting health and well-being unit. HSS's strength in humanising healthcare informs the entire year and is particularly pertinent within the reflective presentation within the portfolio unit, when you will critique person-centred and client-centred practice. There is one 8-week assessed placement.

The final year begins with a practice placement, after which you will enhance your skill as consumers and interpreters of research and evidence to underpin practice. You will select the specific areas of interest to study and will choose the focus for your assignments in this third year. Also in the third year, there is an inter-professional service improvement project and the culmination of the programme is a unit on innovation in Occupational Therapy. Alongside the initial placement, there will be a second placement which may be in a role-emerging area of practice. Students will continue their CPD, producing a portfolio and statement that mirrors the HCPC requirements.

The units to be undertaken are detailed in the table below: Please also refer to the programme specification, unit directory and programme diagram.

<i>Table 1: Units in the BSc (Hons) occupational therapy programme</i>	
<i>Level</i>	<i>Units of Study (Credits)</i>
4 – First year	Becoming an OT (20) Skills for Therapy Practice (20) Occupational Therapy in Action 1 (20) Analysing Occupation (20) OT Portfolio 1 (40, including placement and CPD)
5 – Second Year	Exploring Evidence to Guide practice (20) IPE Occupational Therapy in Action 2 (20) Reasoning in Occupational Therapy Practice (20) Promoting Health and Well-Being (20) IPE OT Portfolio 2 (40, including placement and CPD)
6 – Third Year	Research for Occupational Therapy Practice (40) Service Improvement Project (20) Innovation in Occupational Therapy (20) OT Portfolio 3 (40, including placement and CPD).

4.2 Programme Outcomes

4.2.1 Programme Outcomes

A Subject Knowledge and Understanding

This programme provides opportunities for students to develop and demonstrate knowledge and understanding of:

- A1: Theories of human occupation and occupational science, the use of occupation in therapy practice and the interaction between occupation, health and well-being.
- A2: Occupational Therapy philosophy, theory, models of practice and frames of reference and how these may be used throughout the Occupational Therapy process to select and evidence an appropriate course of action.
- A3: The application of underpinning disciplines (including biological sciences, social sciences, disability theory and pathology) to Occupational Therapy, in order to understand the range of biological, psychological, sociocultural and environmental factors that can influence occupational performance and engagement.
- A4: Legal, ethical and professional standards / frameworks that influence the context and scope of occupational therapy practice and the structure of service delivery in the UK.
- A5: The importance of respecting the rights, dignity, culture and individuality of service users and carers and the importance of client/person-centred practice with people from diverse backgrounds.
- A6: Components of safe practice, including maintaining one's own fitness to practice, managing risk, acting as an autonomous, responsible professional and being able to exercise a professional duty of care.
- A7: Characteristics of good communication, including the ability to adapt communication to different situations and to work effectively in a range of group situations.
- A8: Leadership and management principles, innovation and adaptation to change.

B Intellectual Skills

This programme provides opportunities for students to:

- B1: Analyse, critically appraise and apply evidence from literature and a variety of other sources to develop best practice and understand the principles of audit and evidence-based practice.
- B2: Understand methods commonly used in health and social care research, including ethical issues, the collection, interpretation and analysis of data and dissemination of findings.
- B3: Critically evaluate new concepts, theories and research in order to determine their relevance to Occupational Therapy and to creatively resolve problems, recognising the need for innovation in practice.
- B4: Distinguish Occupational Therapy's domain of concern, identifying the Occupational Therapist's responsibilities and professional limitations, interpreting ethical and legal frameworks.
- B5: Demonstrate clinical reasoning and professional judgement in evaluating and monitoring the effectiveness of specific practice.
- B6: Demonstrate critical reflection on and evaluation of clinical applications and a critique of own performance.

C Practical Skills

This programme provides opportunities for students to:

- C1: Demonstrate skill in the selection, analysis, adaptation and use of a wide variety of occupations to promote individual and group occupational performance and engagement.
- C2: Assess and evaluate individual and environmental barriers to occupational performance, using a variety of appropriate formal, informal, standardised and non-standardised assessment methods and techniques.
- C3: Develop, implement and evaluate intervention plans collaboratively with service users, demonstrating application of best evidence, effective use of resources and client-centred practice.
- C4: Communicate professional judgements and findings using a variety of methods (including accurate and safe maintenance of clinical notes/records),

demonstrating the ability to adapt communication styles to meet diverse needs.

C5: Work in group contexts, including in uni- and multi-professional teams in a range of situations, maintaining professional integrity and judgement

C6: Demonstrate safe practice, including managing one's own fitness to practice, using appropriate moving and handling procedures, following relevant health, safety and security guidelines and know when a situation is beyond the scope of one's own practice.

D Transferable Skills

This programme provides opportunities for students to:

D1: Practice in a non-discriminatory manner, respecting the rights, dignity, culture and individuality of clients, working in a client-centred manner with people from diverse backgrounds.

D2: Build professional relationships, underpinned by partnership and trust and respecting consent, confidentiality and dignity of service users.

D3: Demonstrate verbal and non-verbal communication skills that support effective and professional interaction with people from diverse backgrounds, ages and stages of development.

D4: Communicate effectively in formal and informal situations through a range of media, including oral presentation, reports, case presentation and use of on-line communication methods.

D5: Show skill in self-management, time management, prioritisation, resource management, personal development planning and continual professional development.

D6: Resolve problems systematically, logically and creatively, drawing on a range of knowledge and information sources.

D7: Demonstrate computer literacy and skill in using appropriate information and communication technologies.

4.2.2 Level I Outcomes

A Subject Knowledge and Understanding

This level provides opportunities for students to develop and demonstrate knowledge and understanding of:

- A1: Theories of human occupation and occupational science, the use of occupation in therapy practice and the interaction between occupation, health and well-being.
- A2: Occupational Therapy philosophy, theory, models of practice and frames of reference and how these may be used throughout the Occupational Therapy process.
- A3: The application of underpinning disciplines (including biological sciences, social sciences, disability theory and pathology) to occupational therapy, in order to understand factors that can influence occupational performance and engagement.
- A4: Legal, ethical and professional standards / frameworks that influence the context and scope of occupational therapy practice.
- A5: The importance of respecting the rights, dignity, culture and individuality of service users and carers and the importance of client/person-centred practice.
- A6: Components of safe practice, including maintaining one's own fitness to practice, managing risk, acting as a responsible professional.
- A7: Characteristics of good communication, including the ability to adapt communication to different situations and to work effectively in a range of group situations.

B Intellectual Skills

This level provides opportunities for students to:

- B1: Appraise and apply evidence from literature and a variety of other sources to develop best practice and understand the principles of audit and evidence-based practice.
- B2: Understand the use of health and social care research to inform practice.

- B3: Integrate new concepts, theories and research in order to determine their relevance to occupational therapy and to resolve problems.
- B4: Distinguish occupational therapy's domain of concern, identifying the occupational therapist's responsibilities and professional limitations, interpreting ethical and legal frameworks.
- B5: Demonstrate clinical reasoning in evaluating the effectiveness of practice.
- B6: Demonstrate reflection on and evaluation of own performance.

C Practical Skills

This level provides opportunities for students to:

- C1: Demonstrate skill in the selection, analysis, adaptation and use of a wide variety of occupations to promote individual and group occupational performance and engagement.
- C2: Assess individual and environmental barriers to occupational performance, using a variety of appropriate assessment and evaluation techniques.
- C3: Develop, implement and evaluate intervention plans collaboratively with service users.
- C4: Communicate clinical reasoning using a variety of methods.
- C5: Work in group contexts maintaining awareness of professional integrity and judgement
- C6: Demonstrate safe practice, including managing one's own fitness to practice, using appropriate moving and handling procedures, following relevant health, safety and security guidelines and seek guidance when a situation is beyond the scope of one's own practice.

D Transferable Skills

This level provides opportunities for students to:

- D1: Practice in a non-discriminatory manner, respecting the rights, dignity, culture and individuality of clients, working in a client-centred manner with people from diverse backgrounds.
- D2: Build professional relationships, underpinned by partnership and trust and respecting consent, confidentiality and dignity of service users.

- D3: Demonstrate verbal and non-verbal communication skills that support effective and professional interaction.
- D4: Communicate effectively in formal and informal situations through a range of media, including oral presentation, reports, case presentation and use of on-line communication methods.
- D5: Show skill in self-management, time management, prioritisation, personal development planning and continual professional development.
- D6: Resolve problems, drawing on a range of knowledge and information sources.
- D7: Demonstrate computer literacy and skill in using appropriate information and communication technologies.

4.2.3 Level C Outcomes

A Subject Knowledge and Understanding

This level provides opportunities for students to develop and demonstrate knowledge and understanding of:

- A1: Theories of human occupation and occupational science, the use of occupation in therapy practice and the interaction between occupation, health and well-being.
- A2: Occupational therapy philosophy, theory, models of practice and frames of reference and how these may be used throughout the occupational therapy process.
- A3: Underpinning disciplines (including biological sciences, social sciences, disability theory and pathology) in order to understand factors that can influence occupational performance.
- A4: Legal, ethical and professional standards / frameworks that influence occupational therapy practice.
- A5: The importance of respecting the rights, dignity, culture and individuality of service users and carers and the importance of client/person-centred practice.
- A6: Components of safe practice, including maintaining one's own fitness to practice, managing risk and demonstrating professional behaviour.

A7: Characteristics of good communication and how to adapt communication and the theory of group dynamics.

B Intellectual Skills

This level provides opportunities for students to:

- B1: Consider evidence from a variety of sources to inform practice.
- B2: Apply concepts, theories and research to occupational therapy.
- B3: Distinguish the role of the occupational therapist from that of other team members and how therapy practice is guided by policy and legislation.
- B4: Reflect on own performance, highlighting strengths, weaknesses and future actions.

C Practical Skills

This level provides opportunities for students to:

- C1: Select, analyse, adapt and use a variety of occupations to promote occupational performance.
- C2: Assess individual and environmental barriers to occupational performance, using selected formal, informal, standardised and non-standardised assessment methods and techniques.
- C3: Communicate assessment findings using a variety of methods.
- C4: Work in group contexts maintaining awareness of professional identity.
- C5: Demonstrate safe practice, including managing one's own fitness to practice, using appropriate moving and handling procedures, following relevant health, safety and security guidelines and seek support if a situation is beyond the scope of one's own practice.

D Transferable Skills

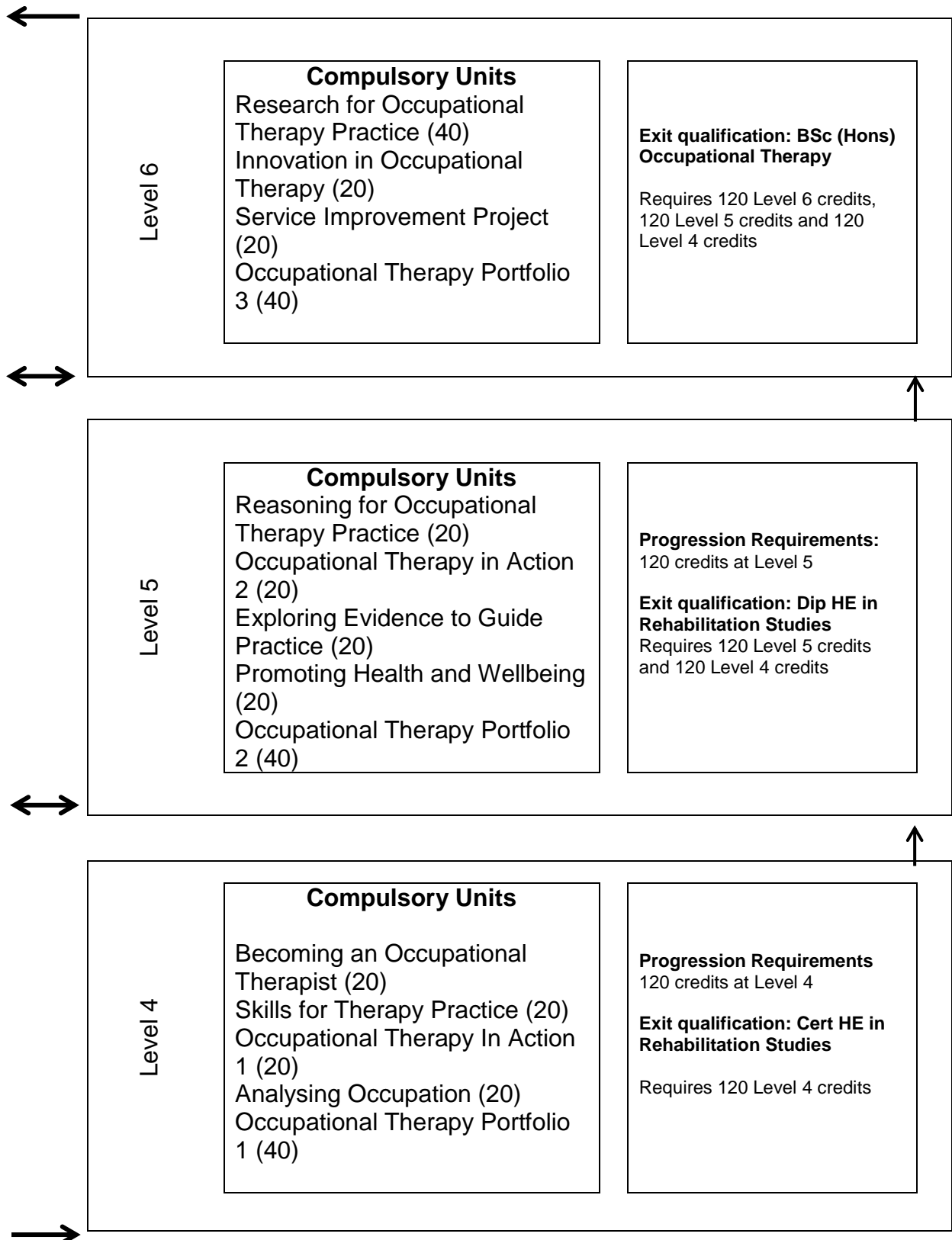
This level provides opportunities for students to:

- D1: Practice in a non-discriminatory, client-centred manner.
- D2: Respect consent, confidentiality and dignity of service users.

- D3: Demonstrate verbal and non-verbal communication skills that support effective and professional interaction.
- D4: Communicate effectively in formal and informal situations.
- D5: Manage one's own time and workload and engage in continual professional development.

4.3 Programme Diagram

BSc (Hons) Occupational Therapy



4.4. Level 4 Unit Specifications

BSc (Hons) Occupational Therapy

Becoming an Occupational Therapist

Version Number:	1
Level:	4
Credit Value:	20 (10 ECTS equivalent credit value)
Effective from:	September 2014

PRE-REQUISITES AND CO-REQUISITES

None

AIMS

This unit, which forms part of the core components of the student's first weeks at university, will aim to establish the student's professional identity as an occupational therapist with occupation at the heart of professional conceptualisation and reasoning. It will introduce core occupational therapy theory and philosophy.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Discuss occupational science concepts and the theory of humans as occupational beings.
2. Define key concepts within core occupational therapy theory and models of practice.
3. Outline stages of the occupational therapy process.
4. Describe the development and changes in occupation throughout the lifespan.
5. Describe factors contributing to and impacting on the individual's occupational performance and engagement.
6. Identify and describe evidence relevant to the understanding of occupation and occupational issues

LEARNING AND TEACHING METHODS

The unit will be delivered through a combination of lectures, seminars, tutorials and workshops that will feature student centred activities including computer-aided materials and workbooks. Students will also be introduced to academic journal articles and other media to begin the process of application of a range of different types of information and evidence to case-study information.

E-learning will be used through a combination of intranet and internet supported activities including tutorials, group discussion forums and individual learning activities.

ASSESSMENT

Summative Assessment

ILOs 1-6 will be assessed by 100% coursework.

Indicative Assessment Information

The assessment will be a case-study essay in which students will apply theory to the specific chosen case study (ILOs 1, 2, 4, 5). Students will be asked to consider the occupational therapy process for the client, underpinned by appropriate theoretical concepts and referring to evidence to support practice (ILOs 2, 3 and 6).

INDICATIVE CONTENT

- Origins and history of OT, including changing perspectives on health, well-being and disability
- Core values of OT and the development of OT philosophy
- OT generic models of practice: Person-Environment-Occupation (PEO) Model, Model of Human Occupation (MOHO), Canadian Model of Occupational Performance and Engagement (CMOP-E)
- The structure and configuration of occupational therapy philosophy, theory, models of practice and frames of reference.
- Introduction to the OT process, including core skills such as interviews and observations as key assessment methods
- Occupational narratives and life stories
- Occupational Science – exploring humans as occupational beings
- Occupational development throughout the lifespan
- Introduction to evidence-based practice and its application to occupational therapy

INDICATIVE KEY LEARNING RESOURCES

Christiansen, C.H., Townsend, E.A., eds., 2010. *Introduction to occupation: The art and science of living*. 2nd edition. Upper Saddle River, NJ: Pearson Health Science.

Creek, J. 2010. *The Core Concepts of Occupational Therapy: a dynamic framework in practice*. London: Jessica Kingsley.

Duncan E. A. S., 2011. *Foundations for practice in occupational therapy*. 5th edition. Edinburgh: Churchill Livingstone Elsevier.

Duncan E. A. S., 2009. *Skills for practice in occupational therapy*. Edinburgh: Churchill Livingstone Elsevier.

Kielhofner, G., 2007. *Model of Human Occupation: Theory and application*. 4th edition. Baltimore: Lippincott Williams & Wilkins

Kramer, P., Hinojosa, J. and Brasic Royeen, C. (eds). 2003. *Perspectives in Human Occupation: participation in life*. Philadelphia, USA: Lippincott Williams & Wilkins.

Townsend, E., ed, 2002. *Enabling Occupation: An occupational therapy perspective*. 2nd edition. Ottawa, ON: Canadian Association of Occupational Therapists.

Townsend, E., Polatajko, H., 2007. *Enabling occupation II: Advancing an Occupational Therapy Vision for Health, Well-being & Justice through Occupation*. 2nd edition. Ottawa, ON: Canadian Association of Occupational Therapists.

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.

Strong, S., Rigby, P., Stewart, D., Law, M., Letts, L., Cooper, B., 1999. Application of the person-environment-occupation model: A practical tool. *Canadian Journal of Occupational Therapy*, 66(3), 122-133.

Law, M., Dunbar, S.B., 2007. Person- environment-occupation model, In Dunbar, S. B., ed. *Occupational therapy model for intervention with children and families*. NJ: Slack Incorporated, 27-49

Turpin, M. and Iwama, M.K. 2011. *Using Occupational Therapy Models in Practice*. Edinburgh: Churchill Livingstone/Elsevier.

UK Home Office, 2012. *The equality strategy. Building a fairer Britain May 2012 [online]*. Available at: <http://www.homeoffice.gov.uk/publications/equalities/equality-strategy-publications/progress-report?view=Binary> [Accessed 21st September 2012].

Wilcock, A.A, 2006. *A Occupational Perspective of Health*, 2nd ed. NJ, USA: SLACK.

Web-based sources

<http://www.healthtalkonline.org>

<http://www.emotionalintelligence.co.uk/eq/text/emotional.html>

The Francis Report

Journals

American Journal of Occupational Therapy (AJOT)

Australian Occupational Therapy Journal (AOTJ)

British Journal of Occupational Therapy (BJOT)

Canadian Journal of Occupational Therapy (CJOT)

Journal of Occupational Science (JOS)

Scandinavian Journal of Occupational Therapy (SJOT)

OT International (OTI)

OTJR – Occupation, Participation and Health

South African Journal of Occupational Therapy (SAJOT)

Unit Title: Skills for Therapy Practice

Level: 4

Credit value: 20 credits (10 ECTS equivalent credit value)

Effective From: September 2014

PRE-REQUISITES AND CO-REQUISITES

None

AIMS

Communication is integral to professional practice for health and social care professionals. Good personal and interpersonal communications are central to collaboration, the efficiency of group working and the resulting quality of care. The aim of this unit is to facilitate the development of effective and transferable, communication skills that promote and value diversity. To develop compassionate, robust, resilient and responsible health care professionals with excellent communication skills. This unit will provide the student with a firm foundation for practice and future academic development.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Demonstrate the key components of good, effective person centred communication
2. Identify and consider core professional standards applicable to practice
3. Develop professional and academic behaviour and skills as an individual and in groups
4. Demonstrate an understanding of core policy and legislation specific to practice
5. Identify the effect of values, attitudes, equality and diversity on communication with others

LEARNING AND TEACHING METHODS

In this unit students will engage in a blended learning and teaching approach consisting of practice simulation activities, lectures, seminars, on-line learning, case based learning and peer-review sessions. Students will also be introduced to academic journal articles and other media.

Students will be expected to develop knowledge and skills by identifying their own learning needs and participate in a culture of autonomous, life-long learners and collaborative group work.

Practice simulation sessions will be in the practice simulation rooms and students will be expected to dress appropriately and expected to act professionally at all times in these sessions. Sessions may be recorded for formative learning.

ASSESSMENT

Summative Assessment (5,000 word equivalent)

ILOs 1 – 5 will be assessed by 100% Coursework (5,000 word equivalent)

Indicative Assessment

The coursework consists of a practical assessment.

In the practical assessment the student is required to demonstrate effective and professional communication skills and application of underpinning knowledge (ILOs 1-5)

Formative Assessment

Peer and academic feedback will be given to the students during practical skills sessions.

INDICATIVE CONTENT

Effective Communication

Effective verbal and non-verbal communication skills including, face-to-face, written and on-line communications

Note taking/record keeping

Applied communication skills appropriate to inter-professional care including interacting with clients eg subjective history taking

Consent

Self-Awareness and Management

Self-efficacy

Reflection on personal communication styles

Barriers to communication

Social and Emotional Awareness

Empathy

Active listening skills

Self-disclosure

Diversity and anti-oppressive practice

Humanizing care

Culture and diversity

Interprofessional classifications of health, illness, disability and function

Models of Disability

Understanding the guiding policy, regulatory framework and legislation of the profession.

HCPC, RCOT, WFOT, CSP, WCPT

National standards e.g. NICE.

Quality frameworks.

Clinical Governance.

INDICATIVE KEY LEARNING RESOURCES

Books

Burnard, P., 1997. *Effective communication skills for health professionals*. 2nd edition. London: Nelson Thornes.

COT., 2010. *Code of ethics and professional conduct*. COT: London.

Crepeau, E.B., Cohn, E.S. and Boyt Schell, B.A., eds. 2009. *Willard & Spackman's occupational therapy*. 11th edition. Philadelphia, USA: Wolters Kluwer/Lippincott, Williams & Wilkins.

CSP. 2011. *Code of professional values and behaviour*. <http://www.csp.org.uk/professional-union/professionalism/csp-expectations-members/code-professional-values-behaviour>

DeVito, J. A., 2008. *Essentials of human communication*. 6th edition. Boston: Pearson.

Donnelly, E. and Neville, L., 2008. *Communication and interpersonal skills*. Exeter: Reflect Press.

Goleman, D., 1996. *Emotional intelligence*. London: Bloomsbury.

Goleman, D., 1999. *Working with emotional intelligence*. London: Bloomsbury.

HCPC., 2013. *Standards of proficiency - Occupational therapists*. London: HCPC.

HCPC., 2013. *Standards of proficiency - Physiotherapists*. London: HCPC.

Higgs, J., Smith, M., Webb, G., Skinner, M. and Croker, A., 2009. *Contexts of physiotherapy practice*. NSW. Churchill Livingstone.

Mayer, J. D. and Salovey, P., 1990. *Emotional intelligence. imagination, cognition and personality*. 9 185-211.

Middleton, J., 2000. *The team guide to communication*. Oxford: Radcliff Medical Press.

Moss, B., 2012. *Communication skills in health and social care*, 2nd edition London: Sage Publications.

O'Toole, G., 2008. *Communication: Core interpersonal skills for health professionals*. Chatswood, Australia: Churchill Livingstone

Porter, S., 2013. *Tidy's Physiotherapy*. 15th edition. Edinburgh: Elsevier.

Purtilo, R., Haddad, A. and Doherty, R., 2014. *Health professional and patient Interaction*, 8th edition. Missouri: Elsevier Saunders.

Thompson, N., 2011. *Effective communication. a guide for the people professions*. Basingstoke: Palgrave Macmillan.

UK Home Office., 2012. *The equality strategy. building a fairer Britain*. Available at: <http://www.homeoffice.gov.uk/publications/equalities/equality-strategy-publications/progress-report?view=Binary>.

Web-based sources

<http://www.healthtalkonline.org>

<http://www.mind.org.uk/information-support/legal-rights/rights-consent-to-treatment/>

The Francis Report

Journals

International Journal of Communication and Health
Journal of Communication and Critical / Cultural studies
Journal of Communication
Journal of Health Communication
Journal of Inter-professional Care
Journal of Health Communication
Physiotherapy
British Journal of Occupational Therapy

BSc (Hons) Occupational Therapy

Occupational Therapy in Action 1

Version Number:	1
Level:	4
Credit Value:	20 (10 ECTS equivalent credit value)
Effective from:	September 2014

PRE-REQUISITES AND CO-REQUISITES

None

AIMS

This unit aims to introduce students to implementing occupational therapy practice with diverse clients in a variety of settings. Students will learn how to: gather appropriate information through assessment; collaboratively plan and set goals and identify appropriate occupation-focused approaches and adaptations to intervention. They will also develop skills of basic analysis and clinical reasoning. Students will apply knowledge of occupational therapy models of practice to guide the selection of assessment and interventions relating to a variety of case studies.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Apply the OT process to case study examples.
2. Identify, select and apply assessment methods in relation to person, environment, occupation and occupational performance and communicate assessment findings to service users.
3. Apply clinical reasoning to the selection of purposeful occupations and occupational therapy interventions appropriate to a range of conditions and to the service user's unique needs.
4. Discuss physical, psychological, sociological, cultural, spiritual and environmental factors that impact on occupational performance.
5. Identify and appraise the evidence base for OT assessments and interventions.
6. Discuss enablers and barriers to successful assessment, goal setting and interventions.

LEARNING AND TEACHING METHODS

The unit will be delivered through a combination of lectures, seminars, tutorials and workshops that will feature student centred activities including computer-aided materials and

workbooks. Students will also be introduced to academic journal articles and other media to begin the process of application of material to case-study information.

E-learning will be used through a combination of intranet and internet supported activities including tutorials, group discussion forums and individual learning activities.

ASSESSMENT

Summative Assessment (5,000 word equivalent)

ILOs 1-6 will be assessed by 100% coursework.

Indicative Assessment

The Indicative Assessment for OT in Action 1 is a 15 minute presentation (followed by a maximum of 5 minutes questions). The presentation will apply the OT process to a case study with a focus on assessment, intervention planning and goal setting, and treatment and interventions.

INDICATIVE CONTENT

- OT Process in action
- Core OT assessment methods and tools
- Interview skills
- Information gathering, interpreting and 'sifting'
- Collaborative and occupation centred goal setting
- Basic intervention planning
- Individual
- Groups
- Enabling and empowering occupations
- Models of change
- Inter-professional working – 'referring on'
- Core frames of reference and approaches
- Learning theory
- Application of OT models with diverse settings / service users
- Models of health, wellbeing and disability
- ICF
- Fundamental principles of client centred practice
- Diversity and individuality of service users
- Health inequalities and poverty
- Social science links
- Cultural competence and cultural safety
- Introduction to pathology
- Functional impact of different pathologies
- Introduction to clinical reasoning
- Professional judgment and autonomy
- Application of evidence to interventions

INDICATIVE KEY LEARNING RESOURCES

Atchison, B. J., and Dirette, K. B., (eds) 2012. *Conditions in Occupational Therapy: Effects on Occupational Performance*. 4th edition. Philadelphia: Wolters Kluwer/Lippincott, Williams & Wilkins.

Boyt Schell, B.A., and Schell, J.W. (eds). 2008. *Clinical and Professional Reasoning in Occupational Therapy*. Maryland, USA: Wolters Kluwer/ Lippincott Williams & Wilkins.

Case-Smith, J. and O'Brian, J.C. (eds). 2010. *Occupational Therapy for Children*, 6th ed. Missouri, USA: Mosby/ Elsevier.

Creek, J. And Lougher, L. (eds). 2008. *Occupational Therapy and Mental Health*, 4th ed. Edinburgh: Churchill Livingstone/Elsevier.

Crepeau, E.B., Cohn, E.S. and Boyt Schell, B.A. (eds). 2009. *Willard & Spackman's Occupational Therapy*, 11th ed. Philadelphia, USA: Wolters Kluwer/Lippincott, Williams & Wilkins.

Curtin, M., Molineux, M. and Supyk-Mellson, J. (eds) 2010. *Occupational Therapy and Physical Dysfunction: enabling occupation*. Edinburgh: Churchill Livingstone/Elsevier.

Duncan, E.A.S. (ed). 2011. *Foundations for Practice in Occupational Therapy*, 5th ed. Edinburgh: Churchill Livingstone/Elsevier.

Duncan, E.A.S. (ed). 2009. *Skills for Practice in Occupational Therapy*. Edinburgh: Churchill Livingstone/Elsevier.

Goodman, J., Hurst, J. and Locke, C. (eds) 2009. *Occupational Therapy for People with Learning Disabilities*. Edinburgh: Churchill Livingstone/Elsevier.

Hemphill-Pearson, B.J. 2008. *Assessments in Occupational Therapy Mental Health: an integrative approach*. NJ, USA: SLACK.

Kielhofner, G. (ed). 2008. *Model of Human Occupation: theory and application*, 4th ed. MD, USA: Wolters Kluwer/ Lippincott Williams & Wilkins.

Laver Fawcett, A. (ed) 2007. *Principles of Assessment and Outcome Measurement for Occupational Therapists and Physiotherapists*. Chichester. John Wiley Ltd.

Mooney, M. and Ireson, C. 2009. *Occupational Therapy in Orthopaedics and Trauma*. West Sussex, UK: Wiley- Blackwell.

Wilby, H. J. 2007. The Importance of Maintaining a Focus on Performance Components in Occupational Therapy Practice . *The British Journal of Occupational Therapy* , 70(3), pp. 129-132(4).

BSc (Hons) Occupational Therapy

Analysing Occupation

Version Number:	1
Level:	4
Credit Value:	20 (10 ECTS equivalent credit value)
Effective from:	September 2014

PRE-REQUISITES AND CO-REQUISITES

None

AIMS

Through analysing a range of occupations, students will develop their understanding of human anatomy, physiology, psychology, sociology and functioning. Students will also apply bio-psycho-social principles to their understanding of humans as occupational beings. Building on the “Becoming an Occupational Therapist” unit, they will continue to explore the interaction between occupation, health and well-being and the nature of humans as occupational beings.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Describe the structures and functions of the human body in relation to occupations and activities.
2. Discuss physical, psychological, sociological, cultural and environmental factors in relation to occupational performance.
3. Undertake occupation, activity and task analysis.
4. Identify possible implications of an individual's inability to engage in occupations and suggest simple methods to grade and adapt activities.

LEARNING AND TEACHING METHODS

The unit will be delivered through a range of practical occupation, activity and task situations which students will analyse in detail. The analysis will be supported by a range of lectures, seminars and tutorials as well as on-line learning resources. Analysis of specific occupations will develop knowledge of the medical and social sciences.

Small group work, including use of on-line learning materials (such as wikis) will enable students to deepen their knowledge base and learn from peer and tutor feedback.

This unit will run alongside the “Occupational Therapy in Action 1” unit; students will be encouraged to relate their learning from each unit to the other.

ASSESSMENT

Summative Assessment (5,000 word equivalent)

Intended Learning Outcomes 1 – 4 will be assessed by coursework (100%).

Indicative Assessment Information

Students will carry out a structured activity analysis report for a selected case study. The activity analysis structure will be provided along with a range of case studies from which the students will choose.

INDICATIVE CONTENT

Observational skills

The purpose of occupation, activity and task analysis and different approaches to analysis.

Occupational, activity and task analysis.

Applied to typical development

Introduction to anatomy and physiology concepts

Applied anatomy and physiology

Typical development

Upper limb anatomy

Lower limb and spine anatomy

CNS anatomy

Nerve physiology

Cardio-vascular and metabolic physiology

Muscle work analysis and kinesiology

Applied social science.

Approaches to psychology, including behaviourism, Developmental, social cognitive, cognitive neuropsychology and humanistic approaches.

Motivation

Learning

Social psychology

Culture

Family structure

Social structures and groups

Disability theory and policy

Roles

Occupation as means and / or ends.

Grading activity.

INDICATIVE KEY LEARNING RESOURCES

A full list of resources will be available at the start of the unit.

On-line resources including Anatomy TV

Anatomy and Physiology:

Anatomical Chart Company (ed) 2010. *Rapid Review - Anatomy reference guide: A guide for self-testing and memorization*. 3rd edition. USA: Lippincott Williams & Wilkins.

Everett, T and Kell, C., *Human Movement: An Introductory Text*. 6th ed. Edinburgh: Churchill Livingstone.

Gosling, J.A. et al, 2008. *Human Anatomy: color atlas and textbook*. 5th edition. Edinburgh: Mosby.

Jacob, S., 2007. *Human Anatomy: a clinically oriented approach*. Edinburgh: Churchill Livingstone.

Kerr, A., 2010. *Introductory biomechanics*. Edinburgh: Churchill Livingstone.

Lumley, J.S.P., 2008. *Surface Anatomy: the anatomical basis of clinical examination*. 4th edition. New York: Churchill Livingstone.

McMillan, I.R., Carin-Levy, G., 2011. *Tyldesley & Grieve's Muscles, Nerves and Movement in Human Occupation* 4th edition. Oxford: Wiley-Blackwell.

Palastanga, N. And Soames, R. 2012. *Anatomy and Human Movement: structure and function*, 6th ed. Edinburgh: Churchill Livingstone.

Pocock, G., Richards, C.D., 2013. *Human physiology: the basis of medicine*. 4th edition. Oxford: Oxford University Press.

Seeley, R., Stephens, T.D., Tate, P., 2013. *Anatomy & Physiology*. 10th edition. New York: McGraw Hill.

Silverthorn, D., 2013. *Human Physiology: an integrated approach*. 6th edition. Boston: Pearson Education.

Watkins, J., 2010. *Structure and Function of the Musculoskeletal System*. 2nd ed. Leeds: Human Kinetics.

Social Sciences:

Giddens, A., 2013. *Sociology*. 7th edition. Cambridge: Polity Press

Giddens, A., Sutton, P.W., 2010. *Sociology: introductory readings*. 3rd edition. Cambridge: Polity Press.

Gross, R., 2010. *Psychology : the science of mind and behaviour*. 6th edition. London: Hodder Education

Jones, D., Blair, S. et al, 1998. *Sociology and occupational therapy: an integrated approach*. Edinburgh: Churchill Livingstone

Martin, G.N., Carlson, N.R., Buskist, W., 2010. *Psychology*. 4th edition. New York: Allyn and Bacon

Newman, D.M., O'Brien, J., eds., 2012. *Sociology: exploring the architecture of everyday life London*: 9th edition. Pine Forge

Santrock, J.W. 2013. *Life-Span Development*, 14th ed. Boston, USA: McGraw-Hill.

Occupational Science/Occupational Therapy

Christiansen, C.H. and Townsend, E.A. (eds). 2010. *Introduction to Occupation: the art and science of living*, 2nd ed. NJ, USA: Pearson.

Kramer, P., Hinojosa, J. and Brasic Royeen, C. (eds). 2003. *Perspectives in Human Occupation: participation in life*. Philadelphia, USA: Lippincott Williams & Wilkins.

MacKenzie, L. and O'Toole, G. 2011. *Occupation Analysis in Practice*. West Sussex, UK: Wiley-Blackwell.

Molineux, M., ed., 2004. *Occupation for Occupational Therapists*. Oxford: Blackwell.

Thomas, H., 2011. *Occupation based activity analysis*. NJ: Slack

Wilcock, A., 2006. *An occupational perspective of health*. Second edition. N.J.: Slack

Whiteford, G., Hocking, C., 2012. *Occupational Science: Society, Inclusion, Participation*. Chichester: Wiley-Blackwell

Zemke, R., Clark, F., eds., 2003. *Occupational Science: the evolving discipline*. Philadelphia: FA Davis Co.

BSc (Hons) Occupational Therapy

Occupational Therapy Portfolio 1

Version Number:	1
Level:	4
Credit Value:	40 (20 ECTS equivalent credit value)
Effective from:	September 2014

PRE-REQUISITES AND CO-REQUISITES

None

AIMS

The aim of this unit is to introduce students to professional practice and to the foundation skills, knowledge and professional values and expectations required. To introduce students to the concept of continuing professional development and lifelong learning.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Demonstrate basic knowledge and understanding of the standards of proficiency and professional standards for occupational therapy.
2. Practice in a professional, non-judgemental and ethical manner respecting and acknowledging people as individuals.
3. Demonstrate application of underpinning theories, knowledge, legislation and clinical governance in practice.
4. Practice safely and effectively within the scope of practice as a student occupational therapist.
5. Identify strengths and areas for improvement using a range of resources to inform personal and professional development planning.
6. Develop skills of reflection using personal and professional experiences of practice and university to inform future learning and development.

LEARNING AND TEACHING METHODS

In this unit students will participate in different clinical areas where they will be facilitated, supported and assessed by registered practitioners.

Students will be expected to maintain an on-going portfolio evidencing CPD activities which will be supported by online resources, seminars and workshops on reflective practice and CPD.

ASSESSMENT

Summative Assessment (10,000 word equivalent)

ILOs 1-4 will be assessed by Practice Placement (60%) and ILOs 5-6 by coursework (40%)

Indicative Assessment Information

The practice placement is a 6 week assessed placement (60%)

The coursework comprises a CPD portfolio (40%)

INDICATIVE CONTENT

University Based Learning:

Knowledge of commonly used models of reflection.

Developing a personal development plan.

Core documentation; Code of Ethics and Conduct (RCOT) and Guidance on conduct and ethics for students (HCPC)

Recognition of the role of Health and Care Professions Council and British Association / College of Occupational Therapists in relation to CPD.

Appreciating continuing professional development in the context of lifelong learning, evidence based practice, clinical governance and standards of practice.

Introduction of the concepts of humanisation.

Mandatory training including safeguarding children, vulnerable adults, manual handling, basic life support and infection control.

The Francis Report and outcomes impacting on OT provision including 'The 6 C's': Care, compassion, competence, communication, courage and commitment.

Communication skills.

Evidence based practice.

Practice based learning:

Application of reflection in practice.

Recognition of how occupational therapy models of practice are applied in clinical settings.

Completion of assessments at a level appropriate to a first year occupational therapy student.

Client centred practice to include respecting clients' rights dignity and autonomy.

Professional behaviour and attitude as required by the profession.

Communication skills.

Applying the underpinning theories of occupational therapy to practice.

Evidence based practice applied to different settings.

INDICATIVE KEY LEARNING RESOURCES

Andrews, J. 2000. The Value of Reflective Practice: a Student Case Study. *British Journal of Occupational Therapy*, 63(8), 396-398.

Cottrell, S. 2011. *Critical Thinking Skills: developing effective analysis and argument*, 2nd ed. Hampshire, UK: Palgrave Macmillan.

Cottrell, S. 2013. *The Study Skills Handbook*, 4th ed. Hampshire, UK: Palgrave Macmillan.

COT. 2010. *Code of Ethics and Professional Conduct*. COT: London.

HCPC. 2008. *Standards of conduct, performance and ethics*. London: HCPC.

- HCPC. 2011. *Your guide to our standards for continuing professional development*. London: HCPC.
- HCPC. 2013. *Standards of Proficiency - Occupational Therapists*. London: HCPC.
- Healey, J. and Spencer, M. 2008. *Surviving your placement in Health and Social Care: a student handbook*. Berkshire, UK: Oxford University Press.
- Polglase, T. And Treseder, R. (eds). 2012. *The Occupational Therapy Handbook. Practice Education*. Cumbria, UK. M&K Publishing.
- Swee Hong, C. And Harrison, D. 2012. *Tools for Continuing Professional Development*, 2nd ed. London: Quay Books.

BSc (Hons) Occupational Therapy

Occupational Therapy in Action 2

Version Number:	1
Level:	5
Credit Value:	20 (10 ECTS equivalent credit value)
Effective from:	September 2015

PRE-REQUISITES AND CO-REQUISITES

None

AIMS

This unit aims to develop student skills in implementing occupational therapy practice with diverse clients in a variety of settings. Students will learn how to critique and evaluate practice. They will also develop skills of synthesis and advancing application of clinical reasoning.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Select, apply and critique a broad range of theoretical approaches to case study situations, including frames of reference and specific approaches, exploring the evidence supporting these approaches.
2. Discuss and apply clinical reasoning skills to determine an appropriate occupational therapy course of action.
3. Discuss appropriate strategies to evaluate the effectiveness of occupational therapy intervention from the perspective of the client, therapist and service.
4. Discuss the importance of evidence and clinical reasoning in the selection and use of assessment, intervention and evaluation strategies.
5. Demonstrate awareness of socio-political and funding influences on occupational therapy practice and the increasing need to demonstrate cost-effectiveness.

LEARNING AND TEACHING METHODS

The unit will be delivered through a range of lectures, small group work, skills sessions and on-line learning opportunities. These will be designed so that students have the opportunity to practice their clinical reasoning skills and problem-solve, using coherent, logical thought processes and the best available evidence. A range of clinical situations and conditions will

be used as triggers. During the unit, students will present case study examples, highlighting their clinical reasoning skills to experts in the field.

ASSESSMENT

Summative Assessment

ILOs 1 – 5 will be assessed by coursework (100%)

Indicative Assessment

Students will apply theoretical concepts to a case study, thus demonstrating clinical reasoning, and evaluation of the intervention from the perspective of the client, therapist and service. The case study will be presented in a viva voce.

INDICATIVE CONTENT

Assessment of individual performance components
Reviewing and defining occupational therapy service provision.
Advancing Intervention planning
Specialist frames of references
Contemporary models of practice e.g.: Kawa, Model of Creative Ability
Advancing goal setting
Complex case scenarios
Issues of vulnerability and risk
Outcome measures
Evaluation at 3 levels: service user, practitioner and service
Service user engagement
Self-evaluation, use of supervision and reflective practice.
Standards, policy and guidelines.
Governance, quality control, service aims & strategies, audit
Activity analysis of occupations in the context of pathology
Advancing clinical reasoning

INDICATIVE KEY LEARNING RESOURCES

Beighton, C. 2008. Clinical governance & clinical audit. In Creek, J., & Lougher, L. (eds). *Occupational Therapy & Mental Health, 4th edition*. Edinburgh: Churchill Livingstone.

College of Occupational Therapists .2006. *COT/BAOT Quality Briefing 42: Assessments and Outcome Measures*. London: College of Occupational Therapists.

Bryant W., Fieldhouse J., Brannigan K. 2014. *Creek's Occupational Therapy in Mental Health*. Edinburgh. Churchill Livingston/ Elsevier.

Law, M C,.Baum C., Dunn, W 2005. *Measuring occupational performance: supporting best practice in occupational therapy*. Thorofare, NJ : SLACK Inc.

Duncan E.(ed) 2008. *Skills for Practice in Occupational Therapy*. Edinburgh. Churchill Livingston.

Finlay I 2004. Evaluation. In Finlay. 2004. *The Practice of Psychosocial Occupational Therapy*, 3rd edition. Cheltenham. Nelson Thornes Ltd.

Laver Fawcett, A. (ed). 2007. *Principles of Assessment & Outcome Measurement for Occupational Therapists & Physiotherapists*. Chichester: John Wiley & Sons.

Neistadt, M.E. 2000. *Occupational Therapy Evaluation for Adults: A Pocket Guide*. Baltimore MD: Lippincott Williams & Wilkins.

Thomas H. 2012. *Occupation based Activity Analysis*. Thorofare, NJ : SLACK Inc

Titterton, M., 2005. *Risk and risk taking in health and social care*. London: Jessica Kingsley Publishers

Turpin M.J., Iwama M.K. 2011. *Using Occupational Therapy Models in Practice: A Fieldguide*. Edinburgh. Elsevier Health Sciences.

BSc (Hons) Occupational Therapy

Reasoning for Occupational Therapy Practice

Version Number:	1
Level:	5
Credit Value:	20 (10 ECTS equivalent credit value)
Effective from:	September 2015

PRE-REQUISITES AND CO-REQUISITES

None

AIMS

This unit aims to enable students to explore the relevance of clinical reasoning and best evidence in relation to decision making and intervention planning to promote quality in evidence based occupational therapy practice.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Discuss the process of and relevant models of clinical reasoning.
2. Discuss the nature and application of research in the context of evidence-based occupational therapy
3. Demonstrate appreciation of the different forms of evidence used to support practice, and how evidence might impact on decision making in practice.
4. Differentiate audit, evidence-based practice and research and discuss appropriate strategies to undertake each to promote high quality practice within appropriate legal and ethical frameworks.
5. Discuss occupational therapy evaluation and how this can contribute to high quality evidence-based practice.
6. Conduct a thorough search and critical review of evidence and reasoning in relation to an area of therapy practice.

LEARNING AND TEACHING METHODS

Learning and teaching will use a blended approach based around given evidence from a breadth of therapy practice. Students will be encouraged to discuss, analyse and evaluate the relevant evidence through fixed resource sessions, seminars, discussion groups, a journal club and on-line activities. Sessions will be led by tutors to cover the concepts of evidence based practice and clinical reasoning and the application of both reasoning and evidence to practice based decision making.

Students will be encouraged to continuously appraise, evaluate, and apply the relevant literature to their discussions and activities throughout the unit. Sessions will be designed to encourage learning from peers and reflective practice using activities such as on-line discussion and peer review. An on-line learning environment will be used to communicate information and to give instant access to teaching and learning materials. Students will also be encouraged to reflect upon their own practice in practice placement experiences to date, and develop a system to promote their own clinical reasoning in the future.

ASSESSMENT

Summative Assessment (5,000 word equivalent)

ILOs 1-6 will be assessed by coursework – **100%**

Indicative Assessment Information

Students will be required to investigate the reasoning and evidence to support a particular area of practice and present their findings in written format, with supporting appendix material.

INDICATIVE CONTENT

Knowledge and Understanding

Models of clinical reasoning and their application to practice

The research process and differences in research methodologies.

Differentiation between clinical research, evidence based practice and clinical reasoning.

Methods of finding sources of evidence and conducting a literature review

Exploration of the range of evidence specifically applicable to occupational therapy

Methodologies used in a variety of evaluations of occupational therapy practice.

Skills to evaluate the quality of a range of clinical evidence, and understand the hierarchy of evidence and its applicability to service provision.

Learn how to create questions to guide investigation of the evidence for specific areas of practice.

The processes involved in evaluating practice using measures including audits, outcome measures and client service satisfaction questionnaires.

Sound methodologies in gathering evidence and understanding what constitutes 'best' evidence.

The importance of understanding the terms reliability and validity as they apply to occupational therapy assessment.

Therapy skills

Role of clinical reasoning in professional practice

Overview of data collection procedures used in therapy practice

Introduction to journal clubs to promote critical thinking discussion and debate skills on salient clinical topics.

Understand a range of clinical terms and language used in evidence supporting practice, such as in the areas of neurology, mental health, orthopaedics, rheumatology and other areas of therapy practice.

Experiential learning to discuss and debate clinical evidence and decision making in practice

Reflect on the Level C placement and highlight areas for review of own practice in order to further develop clinical reasoning skills.

Professional issues

Client rights to quality intervention and definitions of what constitutes quality intervention / therapy.

The importance of research in professional practice

Evidence based practice

Clinical reasoning

The need for research and clinical reasoning in ethical practice.

Develop awareness of clinical areas with limited evidence and under-researched areas of intervention.

Establishing a client-focused service delivery.

Accepting the profession's ethical responsibilities towards clients and society and of being accountable to service users and employers.

Reflecting on and monitoring one's own performance and recognising the value of continuing professional development.

Recognising the need for quality service delivery, the importance of objectivity in the workplace and the value of practicing in an evidenced-based manner.

The use of evaluative practice methods including Critically Appraised Topics (CATs).

INDICATIVE KEY LEARNING RESOURCES

Herbert R., Jamtvedt G., Mead J., Birger Hagan K., 2005. *Practical evidence based Physiotherapy*. Edinburgh: Elsevier

Hicks, C., 2004. *Research methods for clinical therapists: applied project design and analysis*. 4th edition. Edinburgh: Churchill Livingstone

Higgs, J., Jones, M.A., Loftus, S., & Christensen, N. (eds). 2008. *Clinical Reasoning in the Health Professions* 3rd edition. London: Elsevier Butterworth Heinemann.

Kielhofner G., 2006. *Research in Occupational Therapy: Methods of Inquiry for Enhancing Practice*. Philadelphia: FA Davis

Sackett, D. L., Rosenberg, W. M. C., Gray, J. A., Haynes, R. B., & Richardson, W. S., 1996. Evidence-based medicine: what it is and what it isn't. *British Medical Journal*, 312, 1-2.

Schell, B.A.B., & Schell, J.W. 2008. *Clinical & Professional Reasoning in Occupational Therapy*. Baltimore: Lippincott, Williams & Wilkins.

Taylor, M. C., 2007. *Evidence-based practice for occupational therapists*. 2nd edition. Oxford: Wiley-Blackwell

Web Sites

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<http://www.RCOT.org.uk>

Journals

British Journal of OT

Journal of Occupational Science

American Journal of OT

Stroke

Disability and Rehabilitation

Clinical Rehabilitation

OT & PT for Children

Australian OT Journal

Australian Journal of Physiotherapy

Canadian Journal of Rehabilitation

Neurology

Journal of Palliative Care

PROGRAMMES: Nursing All Branches (BSc), Midwifery (BSc), ODP (Dip HE), Physiotherapy (BSc), Occupational Therapy (BSc), Paramedic Science (FdSc)

Unit title: Exploring evidence to guide professional practice

Version: 3.1

Level: 5

Credit value: 20 (ECTS equivalent credit value 10)

Effective from September 2016

PRE AND CO-REQUISITES

None

AIMS:

This unit aims to explore the nature of evidence and the research process with the underpinning philosophy of humanizing care. The unit will raise awareness of a range of evidence, (including narratives and material from the arts and humanities), to consider how practice can be shaped by research evidence including citizen and service user perspectives. Students will be facilitated to reflect upon how professional practice can be enhanced in ways that emphasise human sensitivity and individual worth in accordance with value bases for professional practice across disciplinary boundaries. All students will be able to consider the nature of evidence based practice and the range of research approaches and methods that contribute to evidence in the context of an interprofessional learning environment.

INTENDED LEARNING OUTCOMES:

Having completed this unit the student is expected to:

1. Identify the nature and range of different kinds of evidence
2. Evaluate the major strengths and weaknesses of a range of research approaches for informing practice
3. Reflect upon philosophical, theoretical and transprofessional perspectives that can underpin practice and that are informed by human experience
4. Compare and contrast different forms of evidence which can guide professional practice, interprofessional working and transprofessional issues in humanly sensitive care
5. Access research findings and evaluate their application to practice.

LEARNING AND TEACHING METHODS:

In this unit students will encounter a range of learning and teaching methods and may include:

Keynote lectures: Provided by academics working in research to develop the philosophical underpinnings for practice. This will include illustration of application of concepts to practice and the use of evidence. This will provide opportunities for shared and interprofessional learning from a range of professions and subject disciplines within health and social care.

Guided learning: Using online learning resources which will be explored in relation to students' chosen professions and interprofessional perspectives.
Use of research based case studies of people's experiences.

Opportunities to consider how different professions value and use varying forms of evidence: Students will explore profession-specific case studies to consider transprofessional themes in care; the interprofessional service delivery context and their own professional role, value base and responsibilities.

Range of multimedia resources will illustrate aspects of service user and carers' experiences.

ASSESSMENT:

Summative Assessment

Intended learning outcomes 1-5 will be assessed through examination (100%)

Indicative Assessment

Intended learning outcomes 1-5 will be assessed through online MCQs. The MCQs will be taken from a bank of generic research questions and questions relating to specific research papers which the students will be signposted to at the beginning of the unit.

INDICATIVE CONTENT:

Role and purpose of research in professional practice
Critiquing evidence based practice
Research minded practice
Judgement based practice and professional reasoning
Research paradigms
Evidence linked to research undertaken in the school
'Lifeworld led' research and humanising care
Arts and humanities as resources
Key research studies using person centred approaches from a range of settings
Practice development methods and evidence
Accessing and evaluating research reports and papers
Frameworks and tools for critiquing research
Evaluating methods of data collection and analysis
Transprofessional issues in humanly sensitive care such as dignity, comfort and compassion
Professional capacities such as 'ethical sensitivity' and 'empathy'.
Research ethics

INDICATIVE KEY LEARNING RESOURCES:

Key Texts

Books and book chapters

Cluett, E.R.. and Bluff, R. 2006. *Principles and practice of research in midwifery*. 2nd ed. London: Churchill Livingstone.

Dahlberg, K., Drew, N. and Nystrom, M. 2001, *Reflective Lifeworld Research*. Lund, Sweden: Studentlitter.

- Denscombe, M. 2010. *The good research guide*. 4th ed. Maidenhead: McGraw Hill Open University Press.
- Galvin, K. and Todres, T. 2013. *Caring and well-being: a lifeworld approach*. Abingdon: Routledge.
- Gerrish K. Lacey A. 2010. *The research process in nursing*. 6th ed. Wiley: Chichester.
- Hart, C. 2001. *Doing a literature search*. Milton Keynes: Open University Press.
- Higgs, J., Jones, M., Loftus, S. and Christensen, N. eds. 2008 *Clinical reasoning in the health professions*. 3rd ed. Oxford: Butterworth-Heinemann.
- Holloway, I. 1997. *Basic concepts in qualitative research*. Oxford: Blackwell Science.
- Holloway, I. 2008. *A-Z of qualitative research in health care*. Oxford: Blackwell.
- Holloway, I. 2010. *Qualitative research in nursing and health care*. 3rd ed. Chichester: Wiley-Blackwell.
- Mc Sherry, R. and Warr, J. 2008. *An introduction to excellence in practice development in health and social care*. Milton Keynes: Open University Press.
- Polgar, S., and Thomas, S.A. 2000. *Introduction to research in the health sciences*. London: Churchill Livingstone.
- Polkinghorne, D. 2004. *Practice and the human sciences: The case for a judgement based practice of care*. Albany, NY: SUNY.
- Punch, K. 2005, *Introduction to social research: quantitative and qualitative Approaches*. London: Sage.
- Sheppard, M. 2004. *Appraising and using research on the human services*. London: Jessica Kingsley.
- Taylor, M.C. 2007. *Evidence-based practice for occupational therapists*. 2nd ed. Oxford: Blackwell Publishing.

Journal articles (additional journal articles can be found in the case studies)

- Biley, F.C., and Galvin, K.T. 2007. Lifeworld, the arts and mental health nursing, *Journal of Psychiatric and Mental Health Nursing* 14(8) 800- 807
- Todres, L., Galvin, K.T., and Dahlberg, K. 2007. Lifeworld-led care: Revisiting a humanizing philosophy that integrates emerging trends. *Medicine, Health Care and Philosophy*, 10(1), 53-63.

Databases

- Cochrane library: <http://www.thecochranelibrary.com>
Systematic reviews in all areas of health care.
- Campbell library (C2): <http://www.campbellcollaboration.org>
Systematic reviews in education, crime and justice, and social welfare.

Web resources

- www.healthtalkonline.org
Narrative case studies of people's experiences in a range of health and illness contexts. Contains the BU developed, award-winning Breastfeeding pages.
- www.youthhealthtalk.org/

The partner site to Healthtalkonline – this contains young people’s real life experiences of health and lifestyle.

References for resources which underpin the philosophy and design of the unit

Galvin, K. 2010. Revisiting caring science: some integrative ideas for the ‘head, hand and heart’ of critical care nursing practice. *Nursing in Critical Care* 15 (4) 168-175.

Galvin, K., and Todres, L. 2010. Research based empathic knowledge for nursing: a translational strategy for disseminating phenomenological research findings to provide evidence for caring. *International Journal of Nursing Studies*, 48, 522-530.

Hutchings, M., Quinney, A., Galvin, K. and Clark, V. 2013. The yin/yang of innovative technology enhanced assessment for promoting student learning. In Greener, S. (ed.). *Case studies in e-learning research for researchers, teachers and students*. Reading: Academic Publishing International.

Pulman, A.J., Galvin, K., Hutchings, M., Todres, L., Quinney, A., Ellis-Hill, C. and Atkins, P. 2012. Empathy and dignity through technology: using lifeworld-led multimedia to enhance learning about the head, heart and hand. *Electronic Journal of e-Learning*. 10(3). 320-330.

Todres, L., Galvin, K., & Dahlberg, 2006. Lifeworld-led healthcare: revisiting a humanising philosophy that integrates emerging trends. *Medicine, Health Care and Philosophy* 10 (1) 53-63.

Todres, L. 2008. Being with that; the relevance of embodied understanding for practice. *Qualitative Health Research* 18 (11) 1566-1573.

BSc (Hons) Nutrition; BSc (Hons) Clinical Exercise Science; BSc (Hons) Occupational Therapy

Promoting Health and Wellbeing

Version Number: 2
Level: 5
Credit Value: 20 (10 ECTS equivalent credit value)
Effective from: September 2013

PRE AND CO-REQUISITES

None

AIMS

The aim of the unit is to make students aware of the skills and competences required to promote the holistic health and wellbeing of individuals, groups and communities within the UK and internationally. The unit will build on the **Psychosocial Aspects of Health** unit for Nutrition and Clinical Exercise Science students. The focus will be on encouraging the development and delivery of non-judgemental, sensitive health promotion, and evidence based practice which aims to empower and support the rights and dignity of people throughout life and to develop the skills and knowledge required to work in partnership with other organisations and agencies.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Discuss the underpinning ideology and core principles of health promotion: participation, partnership working, collaboration, empowerment and equity.
2. Review the skills necessary to assess health needs and support people in identifying their own health needs, and recognise the importance of planning, implementation and evaluation to health promotion in the UK and internationally.
3. Appraise a range of current health promotion approaches and models from the psychosocial and sociocultural perspectives that may enable change for a person and/or community.
4. Demonstrate skills and knowledge required to seek out opportunities which promote and support client centred health choice

LEARNING AND TEACHING METHODS:

A range of teaching and learning methods will be used within this unit including: Keynote lectures, interactive seminars, case study discussion, online material, podcasts, relevant reading, YouTube clips, DVDs.

ASSESSMENT:

Summative assessment

ILOs 1-4 will be assessed by 100% coursework.

Indicative Assessment Information

It is expected that the coursework will comprise a written evaluation of the delivery of a strategy to improve health involving partnership working. Students will be required to critically discuss the role of partnership working in health promotion within their area of specialist practice; this will involve demonstrating an understanding of the theoretical and practical aspects of health promotion and of partnership working (5000 word equivalent).

Indicative Content

Health promotion theory and promoting evidenced based health promotion.

Health promotion through the lifespan

Recognising the social determinants of health and health inequalities and reaching 'socially excluded groups'.

Principles of an empowering consultation

Emotional intelligence

Principles and practice of partnership working

Social and psychological factors in health promotion communication

Strategies and evaluation of communication in health promotion

A critical review of theoretical models and their use.

Using different environments settings to deliver health promotion: such as leisure centres, universities, day care and residential settings and healthcare establishments.

Critical review of information, health literacy, the use of IT and mass media.

Teaching and learning strategies, self-help, participatory learning methods, facilitating group work and group discussions.

Values within health promotion.

INDICATIVE KEY LEARNING RESOURCES

Texts

Corcoran, N. ed 2007 *Communicating Health* London: Sage.

Hubley, J and Copeman, J. 2008 *Practical Health Promotion*. Cambridge: Polity

Naidoo, J. and Wills, J. 2009 *Foundations of Health Promotion* London: Bailliere Tindall.
Elsevier

Seedhouse, D. 2002 *Total Health Promotion. Mental health, Rational Fields and the Quest for Autonomy*. London: Wiley

Journals

Health Promotion Practice

Critical Public Health

Journal of Public Health

Websites

www.publichealth.hscni.net

www.who

www.nice

www.gov.uk/government/organisations/public-health-england

Occupational Therapy Portfolio 2

Version Number:	1
Level:	5
Credit Value:	40 (20 ECTS equivalent credit value)
Effective from:	September 2015

PRE-REQUISITES AND CO-REQUISITES

None

AIMS

The aim of this unit is to facilitate development by advancing the knowledge base and the breadth and proficiency of the student's professional practice. Emphasis is placed on principles of humanisation of healthcare and client-centred approaches.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Demonstrate advancing knowledge and application of the standards of proficiency and professional standards for occupational therapists.
2. Reflect upon practicing in a way that is professional, non-judgemental and ethical and that respects and acknowledges people as individuals.
3. Plan, analyse and apply underpinning theories, knowledge, legislation and clinical governance in practice.
4. Practice safely and effectively within the scope of practice as a student occupational therapist developing skills in appropriate delegation to others.
5. Explore and analyse processes and factors that lead to the facilitation of/barriers to client-centred approaches and humanising healthcare practice.
6. Demonstrate critical awareness of the concepts of humanisation and client-centred approaches gained from practice, university and wider experiences through reflection and action.

LEARNING AND TEACHING METHODS

In this unit students will participate in different clinical areas where they will be facilitated, guided and assessed by registered practitioners. They will also be encouraged to make use of potential volunteering opportunities.

Students will be encouraged to maintain an on-going portfolio evidencing CPD activities which will be supported by online resources, seminars and workshops on reflective practice and CPD.

Lectures, seminars and online learning resources will focus on humanisation of healthcare and client centred approaches. Service user lived experience of their daily life and healthcare experiences will form a key component of the learning opportunities.

ASSESSMENT

Summative Assessment (10,000 word equivalent)

ILOs 1-4 will be assessed by Practice Placement (60%) ILOs 5-6 by coursework (40%)

Indicative Assessment Information

The practice placement is an 8 week assessed placement (60%)

The coursework comprises a reflective essay and a Personal Development Plan. (40%)

INDICATIVE CONTENT

Background to the focus on the humanisation of healthcare
Humanising philosophy
Processes of oppression at the personal, cultural and structural level: (stigmatisation, stereotyping, marginalisation, infantilisation, welfarism, dehumanisation, medicalisation).
Client-Centred approaches
Understanding key terminology (e.g. client-centred, person-centred, family-centred, etc.)
Barriers and facilitators to implementation
Legislation and policies
Vulnerability, risk and safety
Capacity and Informed Consent
Anti-oppressive and non-discriminatory practice
Inclusion, Involvement, Advocacy, Empowerment and Partnership
Service user motivation
Self-determination, self-concept and self-efficacy
Occupational Justice (The impact of inequality, poverty, exclusion, identity, social difference and diversity on occupational performance)
Respecting diversity and unique values, beliefs and interests
Cultural awareness.
Recognising spirituality
Advancing communication strategies
Therapeutic use of self
Accountability

INDICATIVE KEY LEARNING RESOURCES

Alsop, A. 2013. *Continuing Professional Development in Health and Social Care: Strategies for Lifelong Learning*, 2nd ed. West Sussex, UK: Wiley- Blackwell.

Bolton, G. 2010. *Reflective Practice: Writing and Professional Development*, 3rd ed. London: SAGE.

COT. 2010. *Code of Ethics and Professional Conduct*. COT: London.

- Francis, R., (2010) *Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009*. Stationary Office, London.
- HCPC. 2008. *Standards of conduct, performance and ethics*. London: HCPC.
- HCPC. 2011. *Your guide to our standards for continuing professional development*. London: HCPC.
- HCPC. 2013. *Standards of Proficiency - Occupational Therapists*. London: HCPC.
- Iwama, M. K. 2006. *The Kawa Model: culturally relevant occupational therapy*. Edinburgh: Churchill Livingstone/Elsevier.
- 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(5), 250-257
- Parker D (2002) The client-centred frame of reference, In E AS Duncan (ed) *Foundations for Practice in Occupational Therapy* (pp 193 – 215). London: Elsevier Churchill Livingstone.
- Penhale, B. and Parker, J. 2008. *Working with Vulnerable Adults*. Abingdon: Routledge.
- Pierce, D.E. (ed). 2003. *Occupation by Design: building therapeutic power*. Philadelphia, USA: F.A. Davis.
- Restall, G., Ripat, J., & Stern, M. (2008). Applicability and clinical utility of the client-centred strategies framework. *Canadian Journal of Occupational Therapy*, 75(5), 288-300.
- Sumsion, T (ed) 2006. *Client-Centred Practice in Occupational Therapy: a guide to implementation*, 2nd ed. Edinburgh: Churchill Livingstone/Elsevier.
- Swee Hong, C. And Harrison, D. 2012. *Tools for Continuing Professional Development*, 2nd ed. London: Quay Books.
- Taylor, B.J. 2010. *Reflective Practice for Healthcare Professionals*, 3rd ed. Berkshire, UK: McGraw-Hill/Oxford University Press.
- Todres, L., Galvin, K., and Holloway, I., 2009. The humanisation of healthcare: A value framework for qualitative research. *International Journal of Qualitative Studies on health and Wellbeing*, 4 (2), 68-77.
- Wade, C. 2011. Planning and writing an evidence-based critical reflection. *Journal of Paramedic Practice*, 3(4), 190-195.

Research for Occupational Therapy Practice

Version Number:	1
Level:	6
Credit Value:	40 (20 ECTS equivalent credit value)
Effective from:	September 2016

PRE-REQUISITES AND CO-REQUISITES

None

AIMS

Building on knowledge and experience from previous units, particularly the Reasoning for Occupational Therapy practice unit, students will explore the role of research in practice, explore research approaches and relate research findings to a specific area of practice. They will debate the role of research and evidence in assuring quality and informing professional judgements.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Discuss the value of research to the critical evaluation of practice.
2. Create appropriate questions to underpin a thorough and critical review of the literature applied to a specific area of practice.
3. Based on evaluation of evidence, propose and justify actions to enhance service quality and/or the underpinning evidence base.
4. Discuss methodologies, approaches and methods commonly used in health and social care research, including ethical issues, the collection, interpretation and analysis of data and dissemination of findings.
5. Debate clinical reasoning and professional judgement in order to evaluate and monitor the effectiveness of specific practice.

LEARNING AND TEACHING METHODS

The unit will be delivered through a combination of action learning sets and self-managed learning, including on-line learning content. There will also be weekly seminars to integrate learning.

ASSESSMENT

Summative Assessment (10,000 word equivalent)

Intended Learning Outcomes 1 – 5 will be assessed by coursework (100%).

Indicative Assessment

The assessment will take the form of a literature review, application to practice and research proposal, with appropriate appendices.

INDICATIVE CONTENT

- Critical reflection on the role and use of research in practice both in an ideal world and as experienced on practice placement.
- Creating appropriate questions to focus literature review.
- Critical appraisal of evidence and discussion of the appropriateness of different appraisal tools / methods.
- Integrating evidence findings, the concepts of meta-analysis, meta-ethnography and synthesis of research findings.
- Using research findings to influence practice, including how to make professional judgement when there may be insufficient evidence.
- The research process
- Research ethics principles and application to occupational therapy practice
- Research epistemology and “world views” that inform selection of research approach and methodology
- Data collection methods
- Data analysis, including statistical analysis and interpretation of qualitative findings.
- Dissemination strategies including communicating findings to end users.
- Critical discussion of research methods as used in health and social care research
- Debating the use of research in clinical reasoning and professional judgement in light of the need for innovation in practice.

INDICATIVE KEY LEARNING RESOURCES

- Carpenter, C., & Suto, M., 2008. *Qualitative Research for Occupational & Physical Therapists*. Oxford: Blackwell Publishing.
- Creswell, J.W., 2013. *Qualitative inquiry and research design; choosing among 5 approaches*. 3rd edition. London: Sage
- French, S., Reynolds, F., and Swain, J., eds. 2001. *Practical research: a guide for therapists*. Butterworth Heinemann
- Greenhalgh, T., 2006 *How to Read a Paper: the Basics of Evidence Based Medicine*. 3rd edition. Oxford: Blackwell Publishing.
- Hicks, C., 2009. *Research methods for clinical therapists: applied project design and analysis*. 5th edition. Edinburgh: Churchill Livingstone
- Hickson, M., 2008. *Research Handbook for Health Care Professionals* Oxford: Wiley-Blackwell
- Petticrew, M., & Roberts, H., 2006. *Systematic Reviews in the Social Sciences*. Oxford: Blackwell Publishing.
- Polgar, S., and Thomas, S.A., 2008. *Introduction to research in the health sciences*. 5th edition. Edinburgh: Churchill Livingstone Elsevier.

Taylor, M.C., 2007. *Evidence-based Practice for Occupational Therapists*. 2nd edition. Oxford: Blackwell.

Kielhofner, G., 2006. *Research in Occupational Therapy: Methods of Inquiry for Enhancing Practice*. Philadelphia: FA Davis.

Service Improvement Project

Version Number:	1
Level:	6
Credit Value:	20 (10 ECTS equivalent credit value)
Effective from:	September 2013

PRE-REQUISITES AND CO-REQUISITES

None

AIMS

The aim of the Service Improvement Project unit is to enable students to develop the skills of working in small teams to enhance the experiences of people who use services and / or their carers. Examples of such services are health and social care.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Analyse the need for changes that aim to improve a service or services offered to people and/or communities
2. Synthesise solutions to complex challenges that address the need for change and improvement
3. Participate effectively in teams in undertaking an innovation or improvement project
4. Reflect on the skills, values, attributes and knowledge required to undertake a service improvement project

LEARNING AND TEACHING METHODS

In this unit students will work experientially in small, typically interprofessional, project groups (typically 4-6 students) to reflect upon areas of professional practice or service delivery that need development. They will also analyse their own strengths and development needs in relation to working together. The unit uses tutor-facilitated small group discussions, web-based materials and guided reading, as well as lecture based sessions and web based learning.

In doing this students will, in collaboration with stakeholders, identify an area that requires development. The chosen topic shall be critically examined with reference to published literature and should, where appropriate, consider local, national and global perspectives on the issue concerned. The product of each group's project will aim, directly or indirectly, to promote improvement in services or the well-being of individuals, groups or communities.

The group will then present and defend the product to an invited audience. They will also be required to reflect on their learning throughout the process. A proportion of the marks may be peer allocated.

ASSESSMENT

Summative Assessment (5,000 word equivalent)

ILOs 1-3 will be assessed by coursework (70%)

ILO 4 will be assessed by coursework (30%)

Indicative Assessment Information

Outcomes 1-3 will be assessed through a group presentation and defence of the project and its product (70%)

Outcome 4 will be assessed through the production of a reflective log identifying the individual's contribution to the project and evaluating the effectiveness of the team's project work (30%)

INDICATIVE CONTENT

This is a student-led enquiry unit. The specific content/subject matter related to the area of investigation will be justified by the student and negotiated with their SIP tutor. Further, subject-specific content, related to ILOs2-3 will be offered via a unit guide, report style pro-forma and appropriate electronic resources.

INDICATIVE KEY LEARNING RESOURCES

Books

Bolton, G. 2010 *Reflective practice: writing and professional development*. London: Sage

Davies, S. 2004. Reviewing and interpreting research: identifying implications for practice. In Crookes, P.A. and Davies, S. Eds. *Research into Practice: essential skills for reading and applying research in nursing and health care*, 2nd edition. Balliere Tindall.

Huczynski, A., and Buchanan, D., 2007. *Organisational behaviour, an introductory text*. 6th edition. London: Financial Times Prentice Hall

Le May L. (Ed) 2009 *Communities of practice in health and social care*, Oxford: Wiley Blackwell

McSherry, R and Warr, J. (Eds) 2008 *An introduction to excellence in practice development in health and social care*, Maidenhead: McGraw-Hill OUP

Martin, V. 2002 *Managing projects in health and social care*, London: Routledge

NHS Institute for Innovation and Improvement, 2008. *Improvement in pre-registration education for better, safer healthcare*, NHS

Parking, Paul, 2009, *Managing change in healthcare using action research*, London. Sage.

Payne M., 2000, *Teamwork in multiprofessional care*. Basingstoke: Macmillan.

Somekh, B. 2006 *Action Research: a methodology for change and development*, Maidenhead OUP

Recommended Journals

Communication and Critical/Cultural studies
Health Service Journal
Journal of Communication
Journal of Health Communication
Journal of Interprofessional Care
Readings from relevant profession specific journals

Websites

NHS Institute for Innovation and Improvement <http://www.institute.nhs.uk/>
Mind Tools <http://www.mindtools.com/>
Department of Health <http://www.dh.gov.uk>

Innovation in Occupational Therapy

Version Number:	1
Level:	6
Credit Value:	20 (10 ECTS equivalent credit value)
Effective from:	September 2016

PRE-REQUISITES AND CO-REQUISITES

None

AIMS:

Students will explore innovations and the future of occupational therapy, drawing on and consolidating their understanding of the unique contribution of occupational therapy to individuals and communities, its theory base and focus on occupation. Students will develop their understanding of working across different sectors and appreciate wider economic and socio-political issues that impinge on the context of practice. Students will show leadership and initiative in proposing an innovation in service provision that is cognisant of change and is argued and justified.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Critically evaluate the core philosophy, skills and unique contribution that Occupational Therapists may bring to a range of social and health settings.
2. Analyse the social policy and other socio-political influences that affect service delivery in a range of settings.
3. Demonstrate an appreciation of leadership theory and its importance in occupational therapy practice.
4. Demonstrate an understanding of service planning and management and how services are funded.
5. Propose and critically evaluate an innovation in occupational therapy practice.

LEARNING AND TEACHING METHODS

The student will participate in small group discussion, including Action Learning Sets, self-managed learning on-line learning and fixed resource sessions with expert clinicians and researchers to support their personal learning interests. There will be a range of on-line learning materials available to support their development of an innovation in practice. Action Learning Sets will be used to allow students, with the support of a tutor, to critically evaluate

their own and peer's work to integrate core occupational therapy knowledge with deeper understandings of the socio-political and business contexts in which services function. Students will have the opportunity to submit an abstract of their proposal for formative feedback.

ASSESSMENT

Summative Assessment

Intended learning outcomes 1-5 will be assessed by coursework – **100%**

Indicative Assessment

Students will present their innovation in practice in poster format, with an abstract at an end-of-year student conference. 5,000 word equivalent

INDICATIVE CONTENT

Uniqueness of occupational therapy philosophy, values and core skills.
Critical application of occupational therapy theory in new and novel areas of practice.
Emerging and developing settings in which occupational therapists may work.
Development of services in international health care arenas.
Identification of the need for occupational therapy interventions in new client groups to promote health, wellbeing and occupational balance
Working with families/carers/educators
Management and leadership in occupational therapy
Management theory, managerial skills, service planning, legislation and government policy.
International and National Frameworks.
Business planning skills and understanding how services are funded.
Social and health policy and legislation that influences practice in the UK and internationally.
Innovation theory and how innovation and entrepreneurship is important in contemporary occupational therapy.

KEY LEARNING RESOURCES

Key Occupational Therapy texts as specified in handbook and texts from the previous units studied.

A range of materials will be available on Brightspace to support blended on-line learning, including resources on leadership, management, coaching and contemporary social policy.

As this unit focuses on new and developing areas of practice the list of learning resources will vary.

Creek, J. and Lawson-Porter, A. (eds). 2007. *Contemporary Issues in Occupational Therapy: reasoning and reflection*. West Sussex, UK: Wiley.

Department of Health, 2001. *Working together – learning together; a framework for lifelong learning for the NHS*. London: Department of Health.

Department of Health, 2002. *Shifting the balance of power*. London: HMSO.

Iwama, M., 2006. *The Kawa Model: Culturally Relevant Occupational Therapy*. Edinburgh: Churchill Livingstone.

- Kronenberg, F., Simó Algado, S., and Pollard, N. (eds). 2005. *Occupational Therapy Without Borders: learning from the spirit of survivors*. Edinburgh: Churchill Livingstone/Elsevier.
- Kronenberg, F., Pollard, N., and Sakellariou, D. (eds). 2011. *Occupational Therapy Without Borders: Volume 2: towards an ecology of occupation-based practice*. Edinburgh: Churchill Livingstone/Elsevier.
- Martin, J., 2001. *Organizational behaviour*. 2nd Edition. London: Thompson Learning.
- Molineux, M. (ed) 2004. *Occupation for Occupational Therapists*. Oxford, UK: Blackwell Publishing.
- Pollard, N., Sakellariou, D., and Kronenberg, F. (eds) 2008. *A Political Practice of Occupational Therapy*. Edinburgh: Churchill Livingstone/Elsevier.
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Occupational Therapy Portfolio 3

Version Number:	1
Level:	6
Credit Value:	40 (20 ECTS equivalent credit value)
Effective from:	September 2016

PRE-REQUISITES AND CO-REQUISITES

None

AIMS

The aim of this unit is to facilitate the student's progression towards qualifying as a confident and proficient professional capable of high quality autonomous practice.

INTENDED LEARNING OUTCOMES

Having completed this unit the student is expected to:

1. Achieve the required standards of proficiency identified for professional registration.
2. Critically reflect on practicing competently in a person-centred way.
3. Evaluate and clinically reason the application of underpinning theories, knowledge, legislation and clinical governance in practice.
4. With minimal supervision practice safely and effectively ensuring practice is evidence based.
5. Critically reflect and evaluate personal and professional experiences and development needs in preparation for professional registration.
6. Critically reflect considering the context, views and values of others and through the evaluation of relevant literature.

LEARNING AND TEACHING METHODS

In this unit students will participate in different clinical areas where they will be facilitated, minimally supervised and assessed by registered practitioners. They will be expected to demonstrate a degree of responsibility in line with the expectations of a final year student. Students will be encouraged to maintain an ongoing portfolio evidencing CPD activities which will be supported by online resources, seminars and workshops on reflective practice, CPD and employability.

ASSESSMENT

Summative Assessment (10,000 word equivalent)

ILOs 1-4 will be assessed by Practice Placement (70%) and ILOs 5-6 by coursework (30%)

Indicative Assessment Information

The practice placements consist of 18 weeks assessed placement time (over 2 placements) (70%)

The coursework comprises a reflective essay and a Personal Development Plan. (30%)

INDICATIVE CONTENT

University Based Learning:

Critical reflection

Professional attitudes and behaviour

Development of personal development plan for qualification

Critical evaluation using research evidence

Legislation and its impact of service provision and the future shape of health and social care.

Practice based learning:

Professional attitudes and behaviour

Demonstrate effective communication skills appropriate to the individual and the clinical situation

Use of critical reasoning and innovative approaches to develop goal planning with clients in complex or alternative settings.

Service provision

Departmental policies and procedures

Legislation and its impact of service provision and the future shape of health and social care.

Critical evaluation of intervention and services.

Innovation in practice.

INDICATIVE KEY LEARNING RESOURCES

Alsop, A. 2013. *Continuing Professional Development in Health and Social Care: Strategies for Lifelong Learning*, 2nd ed. West Sussex, UK: Wiley-Blackwell.

Boniface, G. and Seymour, A. (eds). 2012. *Using Occupational Therapy Theory in Practice*. West Sussex, UK: Wiley-Blackwell.

COT. 2010. *Code of Ethics and Professional Conduct*. COT: London.

Fook, J. And Gardner, F. 2007. *Practising Critical Reflection: a resource handbook*. Berkshire, UK: McGraw-Hill/Oxford University Press.

Gaye, T. and Lillyman, S. 2010. *Reflection: principles and practices for healthcare professionals*. London: Quay Books.

HCPC. 2008. *Standards of conduct, performance and ethics*. London: HCPC.

HCPC. 2011. *Your guide to our standards for continuing professional development*. London: HCPC.

HCPC. 2013. *Standards of Proficiency - Occupational Therapists*. London: HCPC.

Robertson, L. (ed). 2012. *Clinical Reasoning in Occupational Therapy: controversies in practice*. West Sussex, UK: Wiley-Blackwell.

Thew, M., Edwards, M., Baptise, S., and Molineux, M. (eds) 2011. *Role emerging Occupational Therapy: maximising occupation-focused practice*. West Sussex, UK: Wiley-Blackwell.

White, S. Fook, J. and Gardner, F. (eds). 2006. *Critical Reflection in Health and Social Care*.

Berkshire, UK: McGraw-Hill/Oxford University Press.

5. The student educational experience

This section describes the learning experiences available to you while studying Occupational Therapy at BU. Attendance is monitored at all sessions and it is expected that you attend timetabled sessions and meet with your group for group work as required. Some sessions are **mandatory**, typically these are skills sessions that you must complete. All mandatory sessions will be clearly marked as such on Brightspace.

Please see the guidance on Brightspace about reporting sickness or absence and report any absences promptly. Please also refer to the practice assessment document for reporting absence when on placement.

If you miss several sessions without notifying the University, you will be informed that your attendance is unsatisfactory and this may have implications for your studies. If you are struggling with attendance or think you may miss some sessions, please contact your academic advisor for support.

5.1 Lecture-based learning

Traditional lecture-based education is used in the programme. While this sometimes involves delivery of core information, more frequently lectures are used to discuss the application of material to practice, following specific self-managed learning tasks. It is envisaged that lectures are interactive, involving students actively to promote understanding and application of the material in question.

- Come prepared to lectures: read the information about the session on Brightspace and if there is suggested or required pre-reading or self-managed learning, be sure to do it. You will get a lot more out of the sessions if you are well prepared.
- Come to sessions with questions, having done your preparatory work, think about how you can apply the material to practice or case-studies and feel free to ask questions.

- If you don't understand something, ask! If there are things that you don't understand, make a note of them so that in your self-managed learning time after the session you can look the information up.
- Write a few points as a summary of the information and how you can apply it to practice to help with your note-keeping.

5.2 On-line learning

The virtual learning environment used at Bournemouth is called Brightspace. All units in the occupational therapy programme have a dedicated unit space on Brightspace. Unit leaders use this area in a variety of ways including: use of interactive learning resources such as blogs, wikis and discussion boards; as an online repository for learning resources and session materials and to engage students with formative quizzes.

Additional on-line learning resources are also utilised or in development, for example videos of the utilisation of assessment tools and additional materials to guide CPD and reflective practice.

- Become familiar with Brightspace, both your units and the communities, such as the Occupational Therapy community. There are a lot of resources available on Brightspace so it is well worth spending time getting used to navigating around it. If you need more support, ask the library and learning support staff.
- Find the library resources on Brightspace, see how the reading resources in each unit on Brightspace link to the library so you can often get an e-book directly through the unit.
- Do review the resources available and take part in the formative quizzes and other tools to support your learning.
- Find and use the discussion board for each assignment.
- Whenever you have difficulties accessing on-line resources or submitting assignments on-line, contact the IT service desk first as they will log your problem and are most likely to be able to help you quickly.
- Review the social media guidelines in the Occupational Therapy community so that you can be sure that you are upholding the HCPC and RCOT standards of ethics and professional behaviour when on-line.

5.3. Skills based experiences

The BSc programme will retain the current skills development through the three years of the course. These are explicit in the portfolio units in developing professional skills and competencies linked to the Knowledge and Skills Framework while in placement. In each year a 40-credit Practice Portfolio unit runs across the entire year. Each portfolio unit develops work covered in the previous year, both in terms of practice placement education and skills elements.

Whilst students learn clinical and interpersonal skills in placement you will also be introduced to many aspects of these in a safe environment through simulated activities. Such simulation activities are included in units of study where they are linked to theory and practice content or to mandatory training. Simulation offers the opportunity for rehearsal and can incorporate reflective learning of techniques to develop student awareness, competence and person centred approaches.

Many such activities will take place in a practice simulation suite where resources are available and where the environment can simulate a variety of settings for scenario based exercises. Others may offer the opportunity to role-play processes such as interview, using assessment tools and setting goals with individuals. On-line resources are also available through web-based packages.

By these two methods student skills learning is supported both at the clinical placement level and at the in-course occupational therapy theory and practice level.

Mandatory Training

Mandatory training will form a part of the portfolio unit for each year where each element will be overseen by either by the course or placement educator, as appropriate. Timings of the training will ensure that students have received the appropriate training or updates to cover placement for each year in line with the UK Core Skills Framework (UKCSF) (Skills for health 2018).

Training will cover the following areas:

Conflict resolution is addressed as the primary step in breakaway training which will continue to be offered to occupational therapy students on an annual basis.

Breakaway training also equips the students for working with challenging individuals and for lone working in the community (HCPC SETS 3.11). Training is organised by the Faculty of Health and Social Science (HSS) and is provided by a local NHS Trust.

Health and Safety training forms part of the student induction, manual handling training and infection control training. (Health and Safety at Work Act 1974).

Resuscitation forms part of basic life support training which will be given on an annual basis as part of a mandatory training day early in the academic year based on online resources and a practical session.

Equality, Diversity and Human Rights is addressed primarily via online training and thereafter re-enforced as an aspect of all areas of study (Equality Act 2010).

Infection Prevention and Control forms part of the mandatory training for all three years via online resources.

Safeguarding training for both children and adults is addressed in the first semester of study as part of an inter-professional education (IPE) study day and thereafter reintroduced as an aspect of all areas of study with children and vulnerable groups within the curriculum.

Fire safety is the responsibility of the placement educator as part of the student induction appropriate to the setting and also forms part of the online mandatory training.

Moving and Handling forms part of the manual handling training given within the first year of study as a practical session designed to cover safety issues, techniques and basic assessment (Health and Safety Act 1974). All three year groups are required to complete online moving and handling training.

Attendance at training days is mandatory and monitored through the use of the sign in systems and reviewed by the academic advisors.

Legislation and guidance:

Children's Act 2004

Health & Social Care Act 2012:

Health and Safety at Work Act 1974

Mental Capacity Act 2005

The Safeguarding Vulnerable Groups Act 2006.

Department of Health 2000. No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

Health and Safety Executive 1995. Reporting Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR).

NHS Security Management Services. 2004 Conflict Resolution training;

Implementing the National Syllabus.

UK Core Skills Framework 2018

5.4 Problem based learning

"To be educated is not to arrive at a destination; it is to travel with a different view."

(R.S. Peters 1981)

As part of the diverse learning approaches used throughout the course, problem-based learning (PBL) and enquiry-based learning (EBL) have continued to

accommodate the diverse learning needs and learning preferences of our equally diverse undergraduate students. Current and past students have provided positive feedback emphasising the usefulness of these learning approaches to develop the skills required to be a life-long learner and for solving the complex issues and challenges experienced by their service users. Students in all the health and social care professions must acquire skills and attitudes that will enable them to respond positively and adaptively to the opportunities and challenges of continual change. These OT students acknowledged the ever changing knowledge base of their profession and the changing health and social care setting in the UK and beyond and because of this, the self-discovered and self-appropriate learning through PBL/ EBL was highly valued.

Traditional problem-based learning (PBL) is process – oriented, utilising a seven step/ jump approach which facilitates students to use and develop the problem solving skills required to address a set problem situation. This will be used in some in the first and second year units, OT in Action 1 and OT in Action 2. The use of a case study EBL approach aims at facilitating the development of basic analytical and critical thought skills, as well as laying the foundation for the cooperative and self-directed learning which is not only part of adult learning at University but also of life-long learning for competent Occupational Therapy practice.

These approaches are essentially self-managed by the students using both group and individual study and discussion time and require only direction and monitoring from staff once students are practised in the approach.

- Prepare well for PBL sessions: the better prepared you are, the more you will learn from the approach.
- Familiarise yourself with the steps in the PBL process (available in Brightspace). In PBL, the process is as important as the end product, so make sure you have completed each step really thoroughly before moving on to the next.
- Aim for depth of your discussion and make your learning objectives specific enough and relevant to your own learning needs.
- PBL is a group process: use the time to develop your group skills, listen to others and give feedback in a supportive, tactful way.

5.5 Action learning sets and small group learning

Action learning sets and other forms of small group work are used throughout the programme. Action learning sets are particularly used in the third year of the BSc, where students work together to apply information from self-managed learning and lecture sessions to their own individual areas of work. Students are required to prepare for these sessions, share their work and critique others work. A supportive environment is created for students to develop their reasoning skills, guided by a member of the academic team.

5.6 Appeals and complaints

The programme team welcome constructive criticism and there are many ways that you can work with us to improve the quality of the programme, such as:

- Providing mid-unit feedback when asked, highlighting the parts you like, things you want to change and new ideas. This is called the MUSE survey.
- Completing the end of unit evaluation form.
- Responding to your class representatives' call for feedback for the team.
- Meeting with individual lecturers to discuss your specific concerns.

Alongside these general feedback processes, there are appeals and complaints procedures within the University. You have the right to appeal decisions if you feel that due process was not followed, and should seek support to appeal or complain. You may speak to a member of the programme team or askBU, who will support you with appeals or complaints.

6. Practice Placement Education

Placements are an integral part of the OT course at BU. All students must successfully undertake in excess of the 1,000 hours of placement hours as required by the World Federation of Occupational Therapists (WFOT 2002) and have experience across a range of services, including in-patient and community-based

services in a variety of clinical areas. If a placement is failed, the hours completed in that placement do not contribute to the total number of placement hours. Students are only allowed one resit attempt at a failed placement.

6.1 Placement opportunities in Dorset, Somerset, Salisbury (Wiltshire) and Southampton (Hampshire).

Placements are organised in a broad range of settings mainly within the rural counties of Dorset and Somerset. Salisbury NHS Foundation Trust in Wiltshire also provides placement experiences including the Duke of Cornwall Spinal Injuries Unit, the Burns and plastics unit and Wessex Rehabilitation unit, unique facilities within the South West. Southampton General Hospital provided acute setting placements.

In addition to the more 'standard' placements within NHS and Social Care settings, placements are also available within charitable organisations and privately run services.

Role Emerging Placements may be facilitated in the third year and provide a breadth of experience working in settings where there is no current OT provision (e.g. Age UK – charity) or where it is a very new or unusual area of OT practice (e.g. peri-natal mental health).

The combination of placement opportunities available to students with the length of time spent in placement gives a robust range of experiences enabling them to develop and consolidate their skills.

6.2 Structure of practice placements

Table 2: Structure of practice placements

Year	Placement	Assessment
Level 4 (Year 1)	1-week orientation placement	Not assessed, formative feedback
	6-week placement	Assessed – OT Portfolio 1
Level 5 (Year 2)	8-week placement	Assessed – OT Portfolio 2
Level 6 (Year 3)	10-week placement	Assessed – OT Portfolio 3
	8-week placement	Assessed – OT Portfolio 3

If a placement is failed, there will be an opportunity to re-do (resit) the placement in a similar area of practice. This normally takes place over the summer months if a placement is available. Any hours accrued during a placement which is then failed will not be counted towards the 1000 hours. The 1000 hours must be from assessed, passed placement hours. There is only one opportunity to resit a failed placement.

If you experience any difficulties on placement, it is really important that you contact your academic advisor as early as possible, so that strategies to support your learning can be put in place. There is further guidance about this in the practice assessment document.

6.3 Allocation of placements

At the very start of the programme, you will be asked to complete an information sheet describing your circumstances and preferences for practice placement. For example, you will be asked if you drive a car, have access to a car to use on placement, whether you have child-care or other commitments close to home. Please make sure you complete this as fully as you can and make sure the practice education tutor and your academic advisor are updated of any changes to your circumstances. Being a car driver is a very big advantage given that many of our placement sites are rural and there is inadequate public transport.

A placement allocation plan is created each year for the following academic year. We then aim to confirm the individual placements with the PPEs approximately

several weeks before each placement starts allowing time to seek additional placements where necessary.

Placements are then allocated to students in a meeting involving the students' academic advisors and the placement education tutor. This ensures to the best of our ability that students' individual needs are taken into account and matched with the placement requirements (e.g. if a car driver is required). The allocation meeting may need to take place more than once in order to finalise placement provision changes and student requirements.

We aim to inform students of their placement allocation information approximately three to four weeks prior to a placement commencing. You will have access to an online system which provides essential information about the placement. The online placement information system also provides a record of completed placements, hours accrued and placement evaluation forms at the end of each placement.

You will have a placement briefing session before each placement and a de-briefing session afterwards. These are essential for placement preparation and also being able to learn from each other's experiences.

6.4 Role emerging placements

Students need to have expressed an interest in having a placement in this setting and additional work prior to the placement commencing is sometimes required in order to give you time to identify areas of project work during the placement. Students may be sent in pairs or as individuals depending on the nature of the placement and the degree of support they will receive. Students can be given Occupational Therapy supervision either from within the university teaching team or from an Occupational Therapist in practice who has experience related to the setting.

6.5 Marking Guidelines

Placements are assessed using criteria laid out in the Practice Assessment Document which has to some extent been based on the Knowledge and Skills Framework (KSF) from the NHS. There are eight competency areas each with their own intended learning outcomes. The expectations of how a student meets these ILOs changes each academic year. Students are given written formative feedback at halfway and are given summative feedback at the end of the placement which consists of written feedback and a classification for each of the eight areas. The placement educator then gives an overall percentage for the placement based on the spread of classifications.

The benefits of the placements being marked is that BSc students graduating from Bournemouth University have a degree classification that consists of both academic marks as well as marks from practice.

7. Student journey and support

This section describes a range of supports and resources available to you while at BU. Please do contact askBU, your academic advisor or seek further information on the student portal or Brightspace.

You will be allocated an academic advisor from the occupational therapy team. Ordinarily, you will retain the same academic advisor throughout your studies. Your academic advisor is often the first point of contact for you; they will monitor your academic progress and provide pastoral support. It is strongly advised that you make time to meet with your academic advisor in the first term and at least once a year thereafter. Many students meet their academic advisor once per term.

Students are also able to access a wide range of support provided by the university.

- Student support and engagement is an approach to developing student resilience and independence, helping learners to reach their full potential. This is achieved by incorporating a wide range of developmental opportunities and mechanisms from across the university into a coherent whole and by underpinning our interactions with students with coaching behaviours. You can meet up with the student support and engagement co-ordinator for HSS if you would like further information or support.
- Additionally students in the first and second years of the BSc programme are supported by second and third year Peer Assisted Learning (PAL) Leaders. The aims of this university wide scheme are to help students adjust to university life and course expectations, to develop independent learning and study skills and to enhance their subject knowledge through discussion.
- Alongside this, the course team are committed to incorporating Peer Education into the curriculum where practical. This is where students from later years support their fellow students or peers on other programmes with aspects of their learning.
- askBU is a one-stop-shop drop in and telephone service to deal with students enquiries.
- HSS has a dedicated student educational development tutor who provides workshops and one-on-one sessions on aspects of academic skills. Library and Learning Support additionally provide similar opportunities for developing skills around accessing and analysing information, developing information technology skills and presentation skills.
- The Students' Union (SUBU) support students through the provision of a wide range of social, volunteering and personal development opportunities.
- Students also have access to an on-site GP, counselling (student wellbeing) and chaplaincy services as required.

- Specific support for students with additional learning needs is available through the additional learning support service (ALS).

8. Assessment

8.1 Assessment Requirements

Each unit has a formal assessment and, in order to progress and eventually graduate, all units must be passed. A range of assessment methods and types are used in the programme, including case-study essays, reports, oral presentations, group tasks, skill demonstrations and practice placement.

Each assessment must be completed and submitted, as per the guidance in each unit. The assignment brief and a discussion board are in the assessment tab of each unit on Brightspace.

Non-submission or late submission (without an agreed extension) results in a mark of 0% being awarded, as per the assessment regulations (see *6L - Assessment Board Decision-Making, including the implementation of assessment regulations: procedure*).

Each assignment requires reference to a range of academic sources of information. These should be referenced accurately in all cases. Information on [citing references](#) including the BU Guide to Citation in the Harvard style are available on Brightspace as is information on [avoiding academic offences](#). See also policy *6H - Academic Offences: Policy and Procedure for Taught Awards*.

Each unit will be marked using both the generic grade descriptors for the appropriate level and the intended learning outcomes for the unit. In each assignment, you need to demonstrate that you have met the intended learning outcomes, which can be found in the unit specifications and within the unit information tab on Brightspace. At each level, there are descriptors of the characteristics of a 1st, 2.i, 2.ii and so on. These are also available in the Assessment tab for each unit on Brightspace.

8.2 Assessment Schedule

This schedule is subject to change, so should be used as an indication only of the types and times of the assessments in the programme. Exact submission types and dates are available on Brightspace.

Level	Unit	Assessment type	Submission type	Submission time
4	Becoming an Occupational Therapist	Case-study essay	On-line submission	End semester 1
	Skills for Therapy Practice	Practical	Practical	End semester 1
	Occupational Therapy in Action 1	Case-study presentation	Oral presentation	End semester 2
	Analysing Occupation	Activity analysis report	On-line submission	End semester 2
	Occupational Therapy Portfolio 1	Practice placement (60%)	Placement (PAD)	Placement (PAD)
CPD Portfolio (40%)		On-line submission	On-line submission	End of year
5	Occupational Therapy in Action 2	Case-study presentation	Oral Presentation	End semester1
	Reasoning for Occupational Therapy Practice	Written assignment	On-line submission	End semester 1
	Exploring Evidence to Guide Professional Practice (IPE)	One online test	Computer-based exam	Semester 2
	Promoting Health and Well-Being (IPE)	Group report	On-line submission	Semester 2
	Occupational Therapy Portfolio 2	Practice Placement (60%)	Placement (PAD)	Placement (PAD)
CPD Portfolio (40%)		On-line submission	On-line submission	End of year

6	Research for Occupational Therapy	Literature review and research proposal	On-line submission	End semester 1
	Service Improvement Project (IPE)	Group presentation	Group presentation	Semester 2
		Reflective log	On-line submission	Semester 2
	Innovation in Occupational Therapy	Poster presentation at conference	Oral presentation	End semester 2
	Occupational Therapy Portfolio 3	Practice placement (70%)	2 x placements (PAD)	End of placements
		CPD portfolio	On-line submission	Semester 2

8.3 Extensions and Mitigating circumstances

If there are personal or health issues that are impacting your ability to complete assessment work, contact your academic advisor in the first instance. S/he will be able to guide you to the range of supports available.

If the issue is temporary or if there is a longer-term issue affecting your performance, it may be possible to get an **extension** following provision of evidence for a duration agreed by the unit lead and academic advisor. In some exceptional circumstances you can submit **mitigation** for consideration by the Board of Examiners. This may mean that you can submit work as a first attempt, i.e. it would not be capped.

Please see policy *6J - Mitigating Circumstances including Extensions: Policy and Procedure* which outlines how to request an extension or exam postponement, or Assessment Board consideration of circumstances (This policy is currently under review for the academic year 2018/19).

It is strongly advised that you keep regular contact with your academic advisor and notify them of any circumstances that may affect your performance. For extensions, please contact the unit leader as soon as possible. **Extensions cannot be granted on the day of submission.**

8.4 Assessment Regulations

The regulations for this programme are the University's Standard Undergraduate Assessment Regulations (Scroll down the page to the heading 'Assessments' and you will find the regulations are the first document that appears when you click on the link)

<http://studentportal.bournemouth.ac.uk/help/rules-regulations/index.html>

with the following approved exceptions which align the programme with the requirements of the Health and Care Professions Council and the Royal College of Occupational Therapists.

Pass Mark:

Where a unit contains an assessment element defined as practice, a pass will be awarded where the overall unit mark is at least 40% and the mark in each separate element of the unit assessment is not less than 40%. Where a practice element has separate components, a fail in any one component will result in a mark of 0% being awarded for that element.

For the Exploring Evidence to Guide Professional Practice (EE2GPP), a pass will be awarded where the overall unit mark is at least 40%.

For the Service Improvement Project, a pass will be awarded where the overall unit mark is at least 40% and the mark in each separate element of the unit assessment is not less than 40%.

Compensation:

Compensation does not apply to any units.

Provision for failed candidates:

The Assessment Board will permit a student who fails each placement unit at the first attempt, to be reassessed on one occasion only. Further repeat attempts for each placement unit are not permitted.

Awards:

To be eligible for the award of BSc (Hons) Occupational Therapy, students must have achieved 360 credits and have successfully completed a minimum of 1,000 hours of practice.

The award of BSc (Hons) Occupational Therapy leads to eligibility to apply for registration with the Health and Care Professions Council and to apply for professional membership of the College of Occupational Therapists.

CertHE, DipHE, BSc and Aegrotat awards including BSc (Hons), will not confer eligibility to register and will be titled 'Rehabilitation Studies'.

Complaints and Appeals:

The Bournemouth University Academic Regulations, Policies and Procedures (ARPP) Section 11 includes clear guidance on the student complaints and appeals policies and procedures.

8.5 External examiners

The BSc (Hons) Occupational Therapy programme has one external examiner who supports the team to ensure that the assessments are being marked fairly, that the standards in BU are equivalent to those in other programmes and that the information provided to you about assessment is appropriate.

The external examiner for occupational therapy can be found in the community page on Brightspace. This information is for transparency only, you should not contact the external examiner directly. If you have a complaint or comment about the assessment process, please use the complaints procedure or contact the programme team directly.

9. Programme management

The programme is managed and delivered by a team that includes several registered occupational therapists, supported by the Faculty and University administrative structures. There is a named professional lead who is an HCPC-registered occupational therapist. Staff have a range of clinical and academic expertise to effectively deliver the course. Close links with practice partners also enables expertise in specific areas of practice to contribute to the student educational experience. All lecturers are fellows of the Higher Education Academy and work to the HEA Professional Standards Framework (2011), thus engage in continuing academic development. Registered occupational therapy staff are

involved in continuing professional development, some of which relates to their academic role and some to occupational therapy practice.

On-going management of resources and quality assurance methods are undertaken, in line with BU's standard regulations and in order to meet the HCPC Standards of Education and Training and RCOT's pre-registration education standards. Internal quality monitoring includes internal annual monitoring, unit monitoring, student feedback and maintenance of an on-going action plan.

The occupational therapy programme team are:

Dr Bernadette Waters	Principal Lecturer
Dr Saffron Scott	Senior Lecturer, Professional Lead
Dr Dawn Drury	Senior Lecturer, Programme Lead
Dr Juliette Truman	Senior Lecturer, Practice Placement co-ordinator
Helen Ribchester	Lecturer in Occupational Therapy, Admissions co-ordinator
Andrea Hasselbusch	Senior Practice Fellow in Occupational Therapy

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