Master of Occupational Therapy Degree Program
Division of Occupational Therapy
Department of Rehabilitation Medicine

SELF-STUDY

Section A: Self-evaluation

1. Unit Strengths

The Master of Occupational Therapy (MOT) Program is a practice-oriented graduate program that prepares students for professional practice, while at the same time facilitating leadership skills in practice, administration, and research. The program is housed and sponsored by the Department of Rehabilitation Medicine, School of Medicine, at the University of Washington. Support from our Department Chair, Dr. Lawrence Robinson, is highly committed to the success of our program.

The program's placement within the Department of Rehabilitation Medicine, where all members of the rehabilitation team are trained, provides students with the opportunity to learn with their future rehabilitation colleagues and to benefit from the expertise of the many nationally renowned physicians, psychologists, and allied health educators within the School of Medicine. Students in occupational therapy take a "core curriculum" of courses with physical therapy and prosthetics and orthotics students. In these courses, students work together and learn about each others' professions.

Resources.

The Program Director provides effective leadership using a democratic style that facilitates independence and growth in faculty members, and a cohesive and collaborative spirit within the group. The occupational therapy faculty members are dedicated and conscientious in providing an outstanding educational program to students. They constantly evaluate themselves and the program so as to meet the needs of students and maintain the excellence of the program. Each brings a special expertise and strength to the program and they are caring and effective in advising students. The faculty members have developed courses and a program that addresses the content and skills relevant to current and future occupational therapy practice. They value solid ethics, critical thinking, and research, and they foster continued professional development and leadership skills in their students.

Our faculty members have been in the unit on a long-standing basis. Our newest faculty member joined us three years ago when we initiated the MOT program; the remainder of the faculty has been in the unit anywhere from 10-26 years.

The Division of Occupational Therapy faculty members are recognized as national leaders in the field. They have or are currently serving on numerous national professional committees (e.g., Pediatric Pain Awareness Initiative, American Congress of

Rehabilitation Research Dissemination Committee), editorial boards (e.g., *The Occupational Therapy Journal of Research, Physical and Occupational Therapy in Pediatrics*), and foundations (e.g., Chair, Academy of Research, American Occupational Therapy Foundation). In addition, our faculty members deliver numerous state, national, and international presentations and invitational lectures (e.g., The American Academy for Cerebral Palsy and Developmental Medicine Annual Meeting, American Occupational Therapy Association Annual Conference).

Our faculty members have been highly productive in both published research and grant funding over the years. Currently they are involved in major research related to pain, traumatic brain injury, measurement development, vision impairments, health disparities, and assistive technology.

Dr. Joyce Engel is funded 73% on a 5-year grant titled "Management of Chronic Pain in Rehabilitation" by the National Institute of Child Health & Human Development. Her work on this major grant includes the following projects: Principal Investigator for "Efficacy of Relaxation Training," Co-investigator for "Survey and Longitudinal Studies of Secondary Pain," and Co-Investigator for "Role of Catastrophizing in Adjustment to Pain." Dr. Engel has numerous published research articles related to her work on pain and book chapters in major textbooks in physical disabilities, occupational therapy, and physical therapy.

Dr. Brian Dudgeon is currently funded 40% on two grants. The first is from the Centers for Disease Control (CDC) and is titled "The Role of Assistive Devices in Promoting Health and Reducing the Onset and/or Severity of Secondary Conditions Among Adolescents or Adults with Spina Bifida." The second is from NIDRR and is titled "Assisted Cognition in Community, Employment and Support Settings." Dr. Dudgeon has numerous published articles and book chapters related to these topics.

Dr. Janet Powel is funded 38.3% on three grants. The first is a Traumatic Brain Injury Model Systems grant from NIDRR on "The Effect of Community-based Exercise on Symptoms of Depression in Persons with Traumatic Brain Injury." The second is from Centers for Disease Control and is titled "Scheduled Telephone Follow-ups for Individuals with Mild Traumatic Brain Injury," and the third is a UW Royalty Research Fund grant titled "Prism Lenses to Compensate for Diplopia Following Traumatic Brain Injury."

Dr. Kanny is funded 10% as a Co-Investigator of a grant from the CDC titled "Health Disparities Among Individuals With Disabilities." She will be generating research questions to be answered using Medicare survey data related to Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

Dr. Deitz and Dr. Dudgeon are participating in a National Institute of Health planning grant titled "Developing a Scale of Communicative Participation". This 3-year multidisciplinary grant will focus on the evaluation of communication and participation skills in individuals with Multiple Sclerosis and Traumatic Brain Injury.

Our Program Coordinator is capable, dedicated and caring. She keeps the program organized and manages to support all six faculty members. The Department of Rehabilitation support staff work closely with our office in managing budget, personnel, travel, and ordering of supplies and equipment. The Department Administrator is a strong liaison and adviser to the Program Director in administrative issues.

The location of the program in a major research and training medical center and within the School of Medicine offers an abundance of resources including an excellent health sciences library, computer and communication systems and support, and experts in rehabilitation medicine and other health sciences. Numerous faculty, clinical faculty, and community professionals provide state-of-the-art guest lectures in our classes.

Students.

The students in our program come with excellent academic and experiential backgrounds. They are enthusiastic and committed to their future profession. We have an active student association and in addition, many participate in our state association, the Washington Occupational Therapy Association. Our students consistently pass and score above the mean on the national certification exam and all are employed as occupational therapists soon after graduation.

Operational Policies

Policies for admissions, student promotion and graduation, student conduct, and student grievances are all communicated to students in program information and the OT Student Handbook. Students receive information about University policies through The Guide, the General Catalog, and the UW Student Handbook.

Program Evaluation.

We have a systematic and ongoing evaluation process with data from six sources that provide information on student learning, faculty effectiveness, and course and program effectiveness. The six sources include occupational therapy practitioners, faculty, students, professional and outside agencies, and consumers. The faculty consistently review input from these sources and discusses whether any changes are indicated to improve the program. In the last few years, we have instituted several changes in our program as a result of program evaluation that are positively impacting student professional development, coursework, Level I fieldwork, and our collaborative work with fieldwork training sites. Our faculty seeks excellence and are always reviewing and analyzing feedback relative to teaching and their own development.

Curriculum

The curriculum philosophy, mission, and design are grounded in both occupational therapy theory and relevant professional literature. The curriculum reflects the University's strong commitment to a diverse liberal arts background and builds upon this

in the professional program. The integration of technical and professional competencies prepares our graduates for their professional career as well as for participation in society as educated individuals. They receive a solid base in the human sciences, learn occupational therapy theoretical foundations and frames of reference, master therapeutic skills, and learn to apply professional values, attitudes, and behaviors in the classroom and clinical settings. Level I fieldwork throughout the second year of the program and Level II fieldwork provide students with opportunities to integrate knowledge and skills in the practice setting in order to attain entry-level competency to practice as occupational therapists.

2. Measurement of Success of Unit As A Whole

Occupational therapy programs are typically measured by criteria similar to those used in other academic departments: quality of faculty, quality of students, grant funding, service, national boards/committees, editorial boards, and presentations at state, national, and international conferences. What is different, however, is that occupational therapy programs must meet the accreditation criteria set forth by our national professional organization, the American Occupational Therapy Association (AOTA).

All occupational therapy programs throughout the United States are reviewed and accredited on a regularly scheduled basis by the Accreditation Council for Occupational Therapy Education (ACOTE), an arm of our national professional association, the American Occupational Therapy Association (AOTA). Programs must meet the *Standards for An Accredited Educational Program for the Occupational Therapist* (1998). There are two parts to the *Standards*, the first being general requirements and the second being specific requirements. General requirements include sponsorship, academic resources, students, operational policies, curriculum framework, and program evaluation. Specific requirements for accreditation include foundational content requirements, basic tenets of occupational therapy, theoretical perspectives, screening and evaluation, intervention, context of service delivery, management, use of research, professional ethics, and fieldwork education.

The last accreditation site visit and review for our program took place in 2001. We received an exemplary accreditation review. We were rated to be "compliant" with each accreditation standard, received no "suggestions," and received the maximum accreditation approval of 10 years. The ACOTE Review Committee documented the major strengths of our program as follows:

- The Chair and Vice Chair of Department of Rehabilitation Medicine consistently support the mission and goals of the Occupational Therapy Division.
- The Division Head is recognized for her excellence as a scholar, educator, and administrator. She provides exceptional leadership and has had a significant impact on the continued development of this exemplary program.
- The occupational therapy faculty members are an exemplary group of scholars, educators, and clinicians who contribute significantly to the professional development of the students in the program and to the profession.

- The occupational therapy faculty work together as a cohesive team that has resulted in a curriculum design that is contemporary and innovative. Their collaboration reflects a dynamic process of change in response to emerging pedagogical concepts, evidence-based practice, student feedback, and input from the professional community.
- The fieldwork educators are dedicated and willing to provide students with contemporary and comprehensive fieldwork education.
- The faculty within the Department of Rehabilitation Medicine and the Health Science Center contribute significantly to the knowledge base of the students.
- The occupational therapy students are an impressive group of individuals who are recognized by the faculty and fieldwork educators as having significant potential for becoming exceptional clinicians.
- The interdisciplinary learning environment within the Department of Rehabilitation Medicine is invaluable in developing the ability of students to effectively participate and contribute as members of a professional team.
- The development of the comprehensive program evaluation system is an exemplar for occupational therapy education. The implementation of quarterly faculty-student forums, exit focus groups, peer course review, feedback from an advisory board, and ongoing collaboration with fieldwork educators has resulted in a flexible, dynamic program review process that strengthens curriculum development.
- The community-based learning resources available through the Experimental Education Unit and the Center on Human Development and Disability provide innovative student fieldwork education.

(ACOTE Accreditation Summary Report, 2001, page 16)

The University of Washington Master of Occupational Therapy Program is ranked #10 by *U.S. News and World Report*. There are 140 entry-level graduate occupational therapy programs throughout the United States. The *U.S. News & World Report* ranking is based on peer review rankings made by selected occupational therapy educators. The Higher Education Coordinating (HEC) Board of Washington state identifies 24 peer institutions of the University of Washington, and of these, eight have entry-level Master's programs in occupational therapy. The eight include University of Florida, University of Illinois at Chicago, University of Minnesota, University of Missouri, University of New Mexico, University of North Carolina- Chapel Hill, University of Pittsburgh, and University of Utah. Only two of the programs that are HEC Board peer institutions (University of North Carolina-Chapel Hill, University of Illinois- Chicago) are in the *U.S. News & World Report* top 10 ranking along with the UW occupational therapy program.

The Master's programs in Rehabilitation Medicine (occupational therapy and physical therapy) fall in the top 10% of overall program quality for 2002-2003 as rated by graduates of programs in the UW Graduate School Exit Questionnaire Summary. Our programs were rated 4.34 (ratings are 1-5 with 5 being the highest possible rating).

All full-time state-funded occupational therapy faculty members hold PhD degrees and have graduate faculty status. Our faculty is competitive within the School of Medicine,

and two are at the rank of Professor, one at Associate Professor, and two at Assistant Professor. Throughout the country, there is still a paucity of occupational therapists prepared at the doctoral level, thus the UW program would be considered to rank highly relative to this. Also, unlike the University of Washington, many of the universities and colleges that sponsor occupational therapy programs do not require research productivity for promotion.

3. Unit Weaknesses

The biggest challenge to our unit is the quantity and quality of space for laboratory teaching, research activities, and storage of teaching equipment and supplies. Due to changes in the clinical arena, we have added numerous hours of 'hands-on' laboratory experiences within our curriculum in the last two years. We are lacking in dedicated laboratory space to specifically meet the needs of our student training relative to occupational therapy techniques and interventions. We currently manage our courses that require laboratory experiences by using the physical therapy lab, and we also use patient space on the 8th floor in 'off-hours' for teaching transfers in the bathroom, use of the kitchen, etc.

Research space is the second space concern. Currently we have one research area that is shared with physical therapy and it is in constant use. As faculty and student research increases, we see the future need for additional space. Third, we use numerous testing and evaluation supplies and equipment for teaching and do not have adequate space to store them.

Lastly, over the past few years, the Health Sciences Library has cancelled some of the important occupational therapy professional journals that our students need to access for coursework and their master's projects. This means that students need to go to other universities or use the inter-university loan system to get some of the literature that they need for their classes.

4. Changes in Teaching, Research and Service in the Field of Occupational Therapy That have Influenced Your Conception of the Unit's Role

The major change in our field is that the American Occupational Therapy Association has mandated that all entry-level educational programs move to the post-baccalaureate level by 2007. Many changes in the societal, health care, and political arenas led our profession to move from baccalaureate education to graduate level education. The primary reasons were the changes in the health-care delivery system, the increasing complexity of health care technology, the growing complexity of the conditions treated, and new funding patterns in health care have created a different practice environment. Occupational therapy programs of today are concerned with preparing students to enter practice environments that are very different and far more complex than that of the recent past.

Fieldwork educators have felt the impact of higher demands for productivity and overwhelming billing and documentation requirements, and this has resulted in time

constraints for therapists. Fieldwork supervisors may no longer have the time to teach all of the clinical skills and now expect that students will come to the clinical setting prepared in clinical skills. This has led educational programs to increase the amount of hands-on laboratory teaching in curricula. In the UW MOT Program, we have met these instructional demands by increasing laboratory time by one credit (20 hours) in each of our six theory and practice courses (120 hours total).

Over the last five years, the scope and focus of practice has dramatically changed in the field of occupational therapy. We are seeing more emphasis on evidence-based practice, community based practice, intervention in natural settings, participation in society, and outcomes monitoring. This has necessitated an increase in the amount of research and evidence-based practice content within courses and also the addition of community-based practice content in several courses. In a recent article in *OT Practice* (November 3, 2003), five competencies for the future were discussed as having implications for entry-level occupational therapy education. These competencies are based on recommendations from an interdisciplinary summit held by the Institute of Medicine in June 2002 to develop ways to reform health professions education in order to enhance patient care quality and safety. The competencies include providing client-centered care, working in interdisciplinary teams, employing evidence-based practice, applying quality improvement, and utilizing informatics. In the UW program, we have certainly done a good job of integrating content related to the first four competencies into our curriculum, however, we will need to address the area of informatics (the technological management of information to enhance patient care, support decision making, and mitigate error).

Lastly, a change that has taken place in the relationship between our unit (MOT program) and that of a related field within the Department of Rehabilitation Medicine is that physical therapy has moved from an entry-level Master's to a entry-level doctoral program (DPT) as of Autumn 2003. The move on the part of the physical therapy unit was predicated on pressure from within their profession. The majority of physical therapy programs, and certainly those in the Northwest, have already moved to the doctoral level, and, in order to remain competitive for students, the UW program needed to make this shift. The question for occupational therapy becomes whether such a move is indicated for us in the near future. The occupational therapy faculty has already begun discussions to address this issue, however, at this time we have concluded it is not indicated, but that we need to continue to monitor and revisit this issue. We have also consulted with our Advisory Board and the Department of Rehabilitation Medicine Chair regarding this, and both do not think it is necessary or desirable at this time. The issue remains though, if occupational therapy programs nationwide begin to make this transition to entry-level doctoral programs, should we as a program in a major research university also be making this move? This issue will undoubtedly be discussed and considered in the next few years as we closely monitor trends in the field and within our own Department.

5. Differences Between Division's View of Role and College and University Expectations.

The primary difference between the Division of Occupational Therapy's view of its role and college/university expectations is that we are providing professional training (a terminal degree) that prepares students to practice as occupational therapists. It is our mission to educate entry-level occupational therapists who will provide quality services in all areas of practice (physical rehabilitation, pediatrics, mental health, geriatrics) and to all age groups. The education and clinical training of occupational therapists requires individualized training in smaller classes. Coursework includes hands-on/ laboratory experiences, assignments that require critical and analytic thinking, and assignments that require integration/ application of content. This means that our class size must be limited to 25 so as to be able to offer quality and individualized teaching, experiential learning activities for class, testing that is predominately in essay format (not multiple-choice), and emphasis on professional development along with academic requirements. This type of teaching is different than the typical didactic classroom teaching seen in many upper campus classrooms and is more labor intensive, but is necessary for the preparation of professionals. In addition to the above increased instructional demands, there is need for increased faculty time for individual counseling and advising.

Section B: Research and Productivity

1. How Does Unit Balance the Pursuit of Areas of Scholarly Interest by Individual Faculty With the Goals and Expectations of the Department, School, College, and University?

The major purpose of our unit is to educate entry-level occupational practitioners, thus, there seems to be a constant balancing act between teaching and research. This works well as faculty who receive research grant funding are relieved of commensurate teaching responsibilities so that they can accomplish the work of the grant. As a faculty, we review teaching responsibilities on a yearly basis so as to distribute the teaching assignments fairly. In balancing faculty responsibilities, we look at various components: classroom teaching, laboratory teaching, other teaching (master's project, thesis, dissertation), grant responsibilities, student advising, and administrative responsibilities.

Decisions regarding faculty promotion, salary, and retention are made at the Departmental level. The Department of Rehabilitation Medicine has an annual process for reviewing individual faculty members that involves all faculty members in the department. The critical requirement for promotion is evidence of scholarship (e.g. publication through the printed or electronic media, software development, inventions, development and implementation of new methods and approaches that advance a field, be it in research, education, patient care, or administration). The criteria for promotions in the Department of Rehabilitation Medicine are clearly defined, taking into consideration the multitude of responsibilities among various faculty members that include research, teaching, administration, clinical care, and community service.

The evaluation process for promotion is ongoing. In Spring Quarter of each year, all faculty members submit the Annual Faculty Report and an updated CV. This material is then reviewed by the Internal Appointments and Promotions (A & P) Committee. All Assistant Professors meet with a member of the Internal A&P committee to get feedback about their progress. The A & P Committee then makes recommendations to the Chair of the Department as to who should be promoted that year. The recommended faculty members are then discussed at the Department level and a vote is taken before action is initiated by the Chair.

2. What Impediments to Faculty Productivity Exist?

The major impediments to faculty productivity are research space and computer support. We have one small research room that is shared with the physical therapy division and it is used on a consistent basis. Computer support has always been a challenge and now with the restructuring of computer support through Medical Centers Information Systems, there seem to be new issues that need to be solved.

3. How Are Junior Faculty Members Mentored?

The Department of Rehabilitation Medicine is committed to a mentoring program for new and junior faculty. The goal of this program is to provide an orientation for new faculty to the Department and to the University, to insure orderly growth and development of the new faculty member, to provide advice when needed, and at times to serve as an advocate for the new faculty person. This program complements the Internal Achievement and Promotion (A & P) Committee and annual faculty review, but does not replace either function.

The mentoring program guidelines are as follows:

- An orientation packet is sent out to new faculty members before their arrival at the University. This packet includes information about the department, the University, and other information deemed appropriate for a new faculty member.

- Upon arrival, the new faculty member meets with the Chair of the department, as well as with the departmental administrator, the research/grants coordinator, and other selected departmental members as appropriate. For new occupational therapy faculty, this also includes meeting with the Division Head.

- Before arriving, the chair assigns each new faculty member a mentor. Mentors and mentees are assigned by the department chair based on the requests of the incoming faculty, the requests and time demands of the senior faculty, the incoming faculty member's interests and perceived needs. The chair may assign a new mentor to the junior faculty member at her/his request or at the request of the mentor. In addition, within the first

year after joining the faculty, each new faculty member if they desire to, chooses an additional mentor that may be more aligned in terms of research and teaching with the faculty person's own program.

- It is the responsibility of the new faculty member to arrange a meeting with his or her mentor at least twice per year. A greater frequency may be needed at times. These meetings should focus on academic progress, including progress in clinical care, teaching, and research. Problems experienced by the new faculty member should be raised for discussion and possible solutions considered. When appropriate, the new faculty member is directed toward the department Chair for resolution of significant problems.

- The role of the mentor is one of an advocate rather than one of evaluation.

- New faculty members are asked to evaluate the mentoring process on a yearly basis.

- Mentorship assignments may change from time-to-time as responsibilities or interests of our faculty evolve. Thus, a single mentor might not remain with the new faculty member indefinitely.

- New faculty members at the Assistant Professor level should retain a mentor until promotion. New faculty members at other academic levels should retain the mentorship relationship for a minimum of three years.

- Annual Faculty Activity Report includes section on participation in the Mentoring Program.

Dr. Deitz serves as a mentor for two faculty members in the Department of Rehabilitation Medicine, one from physical therapy and one from prosthetics and orthotics.

4. Heterogeneity of Faculty

There are currently five full-time state-funded faculty and one part-time clinical faculty member who serves as the Academic Fieldwork Coordinator. We anticipate hiring one part-time faculty member (.5 FTE) in Winter Quarter 2004 and contracting out two other courses. The faculty members represent a diversity of occupational therapy experience prior to academia, including adult and pediatric rehabilitation, inpatient and community psychiatry, pediatrics, geriatrics, pain management, as well as experience in consultation, management, and administration. The coupling of their clinical practice and educational backgrounds make for a well-rounded faculty that can cover the scope of content required in the program. Because all of the faculty are occupational therapists, it is a homogeneous group, as our knowledge base and issues are predominately the same. All of our offices are within a small office suite (CC wing) on the 9th floor of the Health Sciences Building and on the same floor with the Department of Rehabilitation Medicine.

5. Courses Taught By State Funded Faculty Members

State Faculty Member	Courses Taught (# credit hours)	Total Student Credit Hours
Jean Deitz, PhD (5%)	Rehab 581 (3 credits) Rehab 520 (3 credits) Rehab 576 (7 credits) Rehab 480 (3 credits)	16
Brian Dudgeon, PhD (45% grant funding)	Rehab 574 (6 credits) Rehab 578 (3 credits)	12
Joyce Engel, PhD (73% grant funding)	Rehab 572 (6 credits)	6
Elizabeth Kanny, PhD (10% grant funding)	Rehab 584 (3 credits) Rehab 585 (3 credits) Rehab 400 (3 credits) Rehab 579 (3 credits) Rehab 591 (1 credits)	13
Janet Powell, PhD (38% grant funding)	Rehab 570 (5 credits) Rehab 575 (5credits) Rehab 577 (5 credits) Rehab 448 (1 credit)	16
Other faculty (recapture of state funds)		
Beth Rollinger, MS, MHA	Rehab 594 – Fieldwork (20 credits)*	20
Nancy Rickerson, PhC	Rehab 571 (4 credits) Rehab 300 (2 credits) Rehab 401 (3 credits)	9
Tatiana Kaminsky, MS	Rehab 582 (3 credits)	3
Sharon Greenberg, MOT	Rehab 566 (1 credit)	1

* Each student signs up for 10 credits of Fieldwork II each quarter. The FW Coordinator is responsible for the placement, advising, and monitoring of fieldwork placements for all 25 students.

Many of the interdisciplinary courses are taught by other faculty in the Department of Rehabilitation Medicine who are not occupational therapists. In addition, our students take Systems of Human Behavior II with the medical students.

6. Allocation of Teaching Responsibilities

Responsibilities for each faculty member are based on his/her specific expertise and represent a fair distribution of workload among the faculty with a balance between teaching, advisory, grant, and administrative responsibilities. Teaching responsibilities are reviewed each year by all occupational therapy faculty members. The Division Head presents a suggested allocation of Division responsibilities that includes: classroom teaching, project/thesis/dissertation supervision, independent study, grant responsibilities, administrative responsibilities, and student advising. Responsibilities are then discussed and allocated in a way that balances all of these areas in a fair and equitable manner.

7. Are Faculty Rewarded for Enhancing Student Learning?

Faculty members all agree that self-satisfaction is the primary reward for seeing students learn and grow professionally. The occupational therapy classes are small (25 students), thus, faculty and students get to know each other on an individual basis. Student feedback is received both personally and through formal course evaluations and provides another opportunity for reward for our faculty.

As part of our evaluation system, the occupational therapy faculty members participate in quarterly peer reviews of each other's courses and teaching. This can be very rewarding and provide support to faculty. In addition, faculty members collaborate extensively in the planning of courses together, thus providing feedback, advice for changes, and positive input. Our faculty as a whole has a positive and strong collegial support system that rewards the enhancement of student learning.

8. In What Ways Have Advances In Occupational Therapy, Changing Paradigms, Changing Funding Patterns, New Technologies Influenced Research, Scholarship, or Creative Activity in Your Unit?

The changing scope and focus of practice in occupational therapy is demonstrated in the research and scholarship among our faculty. Faculty members in our Division are leaders in research and are on the cutting edge in their contributions to the profession. In our field, we are seeing more emphasis on evidence-based practice, community based practice, and outcomes measurement. The Institute of Medicine recommended competencies for the future have impacted our unit. These include providing client-centered care, working in interdisciplinary teams, employing evidence-based practice, applying quality improvement, and utilizing informatics.

Dr. Joyce Engel is nationally and internationally known for her work related to pain in children and adults and she has published numerous articles in a variety of professional journals on this topic. She has served as the Liaison for the American Occupational

Therapy Association with the American Pain Society. In addition, her work has included publishing and disseminating materials on evidence-based practice for the American Occupational Therapy Foundation and contributing chapters on pain management to five major textbooks for occupational therapy, physical therapy, and psychology.

Dr. Brian Dudgeon has been active in several areas of cutting edge professional activities including universal access and accessibility issues, evidence-based practice, genetics education, pain and cerebral palsy, assistive technologies, and community participation. He has contributed chapters to three major textbooks in occupational therapy on the topics of pediatric rehabilitation, wheelchair selection, and community participation.

Dr. Jean Deitz is nationally recognized for her expertise in research and was part of a national consensus conference to identify practice and research directions for occupational therapy, as well as other groups that serve to identify the vision for research and practice in our field. Dr. Deitz is currently involved in developing a standardized client-centered questionnaire focusing on the motor activities and participation of children with motor impairments. In addition, she has authored or co-authored 67 peer-reviewed publications and six chapters in major textbooks related to research, pediatrics, and technology.

Dr. Deitz and Dr. Dudgeon are participating in cutting edge project that was funded by NIH titled “Developing a Scale of Communicative Participation”. The development of this measure will focus on communication as a set of skills that allow individuals to fully take part in life situations. The focus on participation is congruent with the International Classification of Function, Disability, and Health (ICF).

Dr. Janet Powell, although still a relatively new faculty member of two years, is already paving a cutting edge path. She is involved in a major traumatic brain injury grant project and has also embarked on research related to impaired vision and participation in functional activities.

9. How Does Your Unit Encourage and Preserve Productivity?

We encourage and preserve productivity among faculty members in several ways: balancing teaching/research assignments, annual peer review of faculty development plans, and Departmental merit review. Each year faculty responsibilities are reviewed and adjusted to consider the demands of grants and research relative to teaching, advising, and administrative tasks (see B.1). All faculty members complete a continuing professional development plan annually focused on teaching, research, and service. This plan is submitted to the Program Director and also discussed with faculty at the Annual OT Faculty Retreat each summer quarter and feedback is provided. Lastly, all faculty members complete an annual Faculty Activity Report for the Department of Rehabilitation Medicine that is used for the annual merit review process. Dr. Robinson, the Department Chair meets with each faculty member bi-annually to discuss his/her professional development and progress in the promotion process. All of these methods serve to encourage and preserve productivity.

Section C: Relationships With Other Units

The Division of Occupational Therapy is committed to developing and maintaining collaborative partnerships with other units in the University and outside that share our mission to improve the quality of life of individuals who have disabilities. Following is a summary of interdisciplinary collaborations in which our faculty members participate.

Collaborative University and State Relationships

Dr. Jean Deitz serves is a member of the interdisciplinary Early Intervention Task Force that includes both University and community members. The task force is housed at the Center on Human Development and Disability (CHDD) and its purpose is to enhance service for infants and children with disabilities and their families. Specifically, the task force focuses on facilitating communication among disciplines and agencies, improving professional preparation and continuing education programs for early intervention personnel, serving as an advisory body to the early intervention community, and facilitating systems change at the local, state, regional, and national levels. In addition, Dr. Deitz served for five years on the State Board of Education School Occupational Therapy Advisory Committee.

Dr. Jean Deitz serves as Graduate Program Coordinator for the Department of Rehabilitation Medicine overseeing all issues and activities related to our graduate programs in occupational therapy, physical therapy, rehabilitation counseling, and prosthetics and orthotics. Currently she is chairing a committee that is charged with the task of recommending whether the Department should establish a doctoral program in Rehabilitation Sciences.

Dr. Brian Dudgeon serves as Chair of the Standing Committee on Accessibility, Office of the President, at the University of Washington. He also is a member of the Governor's Committee on Disability Issues and Employment and Co-chair of the Accessibility Awareness Subcommittee, State of Washington.

Dr. Jean Deitz and Dr. Elizabeth Kanny both served two terms as faculty senators representing the Department of Rehabilitation Medicine, and currently Dr. Engel is serving her first term as a faculty senator. Dr. Deitz also served on the Graduate School council and was appointed as Interim Associate Dean for Academic Programs and Research of the Graduate School for one year on a half-time basis.

Collaborative Clinical Relationships

Dr. Engel works in the UWMC Multidisciplinary Pain Center and administers occupational therapy evaluations related to pain.

Dr. Powell serves as a consultant to the Vision Working Group in the UWMC Rehabilitation Unit. She collaborates with physicians, speech & language pathologists, and other occupational therapists.

Beth Rollinger, the Academic Fieldwork Coordinator works with numerous clinical sites in the Seattle area and region regarding fieldwork training of our students.

Collaborative Research/ Scholarship Relationships

Dr. Engel is involved in numerous interdisciplinary research projects related to pain. She is working with physicians at Children's Hospital Regional Medical Center (CHRMC) conducting research on pediatric pain in the Rehab Clinic (amputations, muscular dystrophies), Neurodevelopmental Clinic (cerebral palsy), Spasticity Clinic (cerebral palsy), Spina Bifida Clinic, and CHDD. She is also working collaboratively with Prosthetists and Orthotists on pediatric and adult pain. She is conducting adult pain research with UWMC psychologists, physiatrists, neurosurgeons, and orthopedic surgeons; and with a physiatrist at the Veteran's Administration Medical Center.

Dr. Powell is Co-Investigator on an exercise and depression study with patients who have traumatic brain injury (TBI) for the University of Washington Traumatic Brain Injury Model Systems. She is conducting this research in collaboration with Dr. Kathleen Bell (UWMC), Dr. Peter Esselman (HMC), Dr. Sureyya Dikman (Neuropsychologist at UWMC), Dr. Robert Fraser (Vocational Rehabilitation), Jeanne Hoffman (psychologist at UWMC), and Dr. Charles Bombardier (Psychologist, HMC). In addition, she is Data Quality Director for collection of longitudinal data for people with TBI as part of the TBI Model System group (see above) in collaboration with 15 other centers throughout the United States. Dr. Powell is also involved with a collaborative group working on telephone follow-up for mild brain injury.

Dr. Powell is working with Jack Richman, OD, at the New England College of Optometry in Boston, Massachusetts on developing adult norms for the Developmental Eye Movement Test. She is also working with Nancy Torgerson, OD, in Lynnwood, Washington on a prism study for double vision and on a study of neglect following cerebral vascular accident (CVA).

Dr. Kanny is working on a CDC research study, "Health Disparities Among Individuals With Disabilities." The principal investigator is Dr. Leighton Chan (Epidemiologist for Center for Medicare Services (CMS) and a physiatrist at UWMC). This two year project focuses on health disparities as they relate to ADLs, mobility, and speech/language. Team members include a psychologist (Dr. Jeanne Hoffman), physical therapist (Anne Shumway-Cook, PhD, PT), speech & language pathologist (Kathryn Yorkston, PhD, SLP), and statistician (Marcia Ciol, PhD).

Dr. Deitz and Dr. Dudgeon are participating in a National Institute of Health planning grant titled "Developing a Scale of Communicative Participation." This 3-year multidisciplinary grant includes faculty from rehabilitation counseling (Kurt Johnson, Ph.D.), speech and language pathology (Kathryn Yorkston, Ph.D.), occupational therapy (Deitz & Dudgeon), and rehabilitation medicine (George Kraft, M.D.). The first phase of

the project will focus on the evaluation of communication and participation skills in individuals with Multiple Sclerosis and Traumatic Brain Injury.

Dr. Brian Dudgeon is working on a collaborative CDC study with Kurt Johnson, Ph.D. (Rehabilitation Counseling) that is addressing the need and use of assistive technology for adolescents and young adults with spina bifida. He is also working on a DIDRR funded study exploring uses of assistive technology as cognitive aids for those with developmental or acquired brain injury. This project involves Kurt Johnson, PhD (Rehabilitation Counseling), Pat Brown Ed.D. (Speech & Language Pathology), and Henry Kautz, Ph.D. and Gaetano Borriello, Ph.D., both from the Department of Computer Science and Engineering.

Doctoral committees in Education and Nursing Sciences.

Several of our faculty members serve on doctoral committees of students in special education, educational leadership, educational technology, and nursing sciences (Dr. Deitz, Dr. Dudgeon, Dr. Engel, and Dr. Kanny).

Section D: Diversity

1. Describe the Inclusion of Underrepresented Groups for Students, Faculty, and Staff.

We have worked hard to address the issue of diversity and to include underrepresented groups of students, faculty, and staff in our Division. However, we recognize that this area continues to need our attention so that we can expand the diversity within our unit. We have addressed diversity through teaching efforts, recruitment, admissions, and hiring.

In the first quarter of our program, students are introduced to the topic of diversity as it applies to occupational therapy philosophy and intervention. Diversity is then threaded throughout the curriculum as a theme that runs through our OT Theory and Practice series of eight courses.

Efforts to attract individuals from diverse backgrounds for both our student body and faculty have been modestly successful. Underrepresented students in our program include those commonly identified by race, ethnicity, gender, and disability. Men are underrepresented in the field of occupational therapy. In the five years since the inception of the Master of Occupational Therapy Program, on the average, 22% of the students have been from underrepresented groups (see table below). One of the five state-funded faculty members is male (underrepresented in the profession) and has a physical disability that requires the use of a powered mobility device.

Minority Students in the Master of Occupational Therapy Program

Year Admitted	Number Students	Asian-Pacific Island	Other	Hispanic	Disability	Number Men	Total Minority
1999	19	0	0	0	3	2	5 (26%)
2000	14	1	1	1	0	2	5 (36%)
2001	16	0	0	0	0	1	1 (6%)
2002	17	1	0	1	1	0	3 (18%)
2003	25	3	0	1	2	0	6 (24%)

2. Comparison of Teaching Loads of Underrepresented Groups in Your Unit to Others of Comparable Professorial Rank.

The teaching load of our faculty member with a disability is comparable to that of other faculty in the Division.

3. How Does Your Unit Ensure An Environment That Values Diversity?

Our faculty and Program Coordinator work with the Office of Minority Affairs in recruitment activities and provide counseling to students who are considering the field of occupational therapy. We make a special effort to assist minority students in finding funding and support their efforts to obtain it. In addition, we have provided program flexibility for those students who are unable to take a full load of courses in the lock-step sequence of the program and have adjusted their schedules so as to spread one year of courses over two years, utilized enlarged type handouts for students with low vision, and provided extra time for test taking for students with multiple sclerosis or with learning disorder deficits.

4. Has the Increased Diversity of the Student Body and/or Faculty Generated Any Changes in Your Curriculum?

We value and have consistently been committed to teaching diversity within the curriculum. The only changes in our program are related to access and accommodation. Students with learning or physical disabilities may be allotted extra time or private testing accommodations. We work with the students as well as the Office of Disabilities on campus to assure that we are optimizing learning experiences for students with disabilities.

Section E: Master Degree Program

The Master of Occupational Therapy Program prepares entry-level occupational therapists who will be able to assume clinical and leadership roles with the professional community of the State and region and be able to meet the complex needs of our changing health care environment. The preparation of these occupational therapists is

congruent with the goals of graduate education at the University of Washington and with the missions of the School of Medicine and Department of Rehabilitation Medicine. The MOT program at the University of Washington is the only state supported program in the Northwest region and in the Western states that educates occupational therapists in a setting where all members of the health care team are educated. The program's affiliation with the medical school in the Department of Rehabilitation Medicine is a major strength.

Due to the reduction in applications to occupational therapy programs nationwide over the last five years, there is currently a shortage of occupational therapists. Future projections for health care fields such as occupational therapy show a continued high demand due to the increasing population of older adults and the concurrent rise in functional limitations due to chronic disease, and the increased survival rates of children and adults who have sustained traumatic injuries or who have chronic diseases. In a recent article on CNN Money (October, 2003), occupational therapists were listed as one of the professions with highest jumps in job postings (+26%). In a recent survey sent to 234 administrators of facilities that hire occupational therapists in the Northwest region (Alaska, Wyoming, Montana, Oregon, and Washington), 48% of respondents predicted an increase in OT positions in the next two years (Griffith, Kanny, Powell, 2003). Out of the reported 631 budgeted OT positions in the region, there were 50 vacancies (8%). Twenty-four percent of the facilities reported at least one vacancy for an occupational therapist. This vacancy rate is especially meaningful given that the majority of facilities have 3 or less OT positions. Surveys of occupational therapy graduates from our program indicate that 100% report employment within two months after graduation in jobs appropriate to their level of education and training. In the 2002 graduating class, 100% took jobs in Washington State in the 2001 graduating class, 78% took jobs in Washington.

1. Curriculum Objectives and Description

Goals and Objectives

The mission and philosophy form the basis for the curriculum design of the program. The design is based on the concept that a competent occupational therapist must be able to link technical knowledge and skills with professional competencies - values, attitudes and behaviors (Stark and Lowther, 1988). Education of the professional must teach to both of these constructs and do so in an integrative manner. Technical and professional competencies are seen as overlapping throughout the curriculum, with each course addressing both aspects. Courses are sequenced around the three major program outcomes and content reflects both technical and professional competencies. The three Program Outcomes are as follows:

Program Outcome I: Demonstrate technical competence through the acquisition of theoretical knowledge, therapeutic skills, and integrative competencies as they relate to occupational performance. To this end, the graduate will be able to:

A. Demonstrate an understanding of basic anatomic structures, the development and functions of the human body, physiological mechanisms, psychological processes, and basic concepts of neuroscience and neurological function.
B. Describe occupational performance throughout the life span in terms of the performance of activities of daily living, work and leisure, and the sensorimotor, cognitive, and psychosocial components of performance.
C. Explain the environmental influences of physical, psychological, social, cultural, community, and personal factors which impact occupational performance at different ages and stages through the life span.
D. Understand and critically examine theoretical constructs and occupational therapy frames of reference within varied practice environments.
E. Understand and describe the use and rationale of occupational therapy tools of practice including therapeutic use of self, group process and activity analysis; therapeutic use of activities, therapeutic adaptations, and assistive technologies.
F. Communicate effectively and appropriately via written, oral and nonverbal means, with clients, family members, other professionals and the community.
G. Understand principles of research and be able to critique research related to occupational therapy, and apply this knowledge to practice.

Program Outcome II: Demonstrate the ability to integrate knowledge and therapeutic skills in Level I and II fieldwork, culminating in entry-level competencies for practice in health care and human service delivery systems. To this end the graduate will be able to:

A. Respond to a referral and either accept responsibility for occupational therapy assessment and/or intervention or make appropriate recommendations for referral to other sources.
B. Use screening and evaluation methods appropriately to determine the client's functional abilities and problems as related to performance areas, performance components, and performance contexts.
C. Develop and document an intervention plan appropriate to assessed occupational needs and goals of the client and that is consistent with occupational therapy frames of reference and current practice methods.
D. Implement and monitor intervention consistent with client goals and contextual orientation, make modifications based on reassessment, and terminate services when goals or maximum benefits have been achieved.
E. Identify occupational performance needs related to transition, prepare transition plans, and participate in the transitional process when appropriate.
F. Communicate effectively with clients, families, other professionals, and the public.
G. Report, document, and discuss pertinent client data appropriately and accurately.

Program Outcome III: Demonstrate professional competencies through an understanding and use of professional attitudes, values, and behaviors that demonstrate a commitment to continued learning and the profession's growth and development. To this end, the curriculum will foster in graduates the ability to:

A. Use oral and written communication processes to acquire, develop, and convey ideas and information relevant to the profession and its place in service arenas and society.
B. Understand the effects of current health and human services trends and issues on occupational therapy.
C. Demonstrate values and attitudes congruent with the profession's standards and ethics and societal laws.
D. Demonstrate awareness of and ability to reason legal, and ethical issues that affect health care and other human service delivery systems.
E. Appreciate and be appropriately responsive to client differences in age, educational level, cultural and ethnic background, medical status, and mental or physical abilities.
F. Demonstrate adaptability in responding to changes in professional practice and the social context.
G. Understand and apply principles of organizational management, program development, and supervision and utilization of various levels of personnel.
H. Critically analyze research, determine its relevance to occupational therapy, and appreciate its importance for the growth of the profession.
I. Demonstrate responsibility for continued self-assessment and professional learning and growth.
J. Exhibit the capacity to contribute as a productive member of the profession and to assume leadership roles as appropriate in the profession, health care delivery systems, or society.

B. Curriculum

The Master of Occupational Therapy program consists of seven academic quarters and two quarters of full-time clinical training (Level II fieldwork). Students are required to have completed a baccalaureate degree, required prerequisite courses in the natural and social sciences, and statistics before entering the Occupational Therapy Program.

The program of study is a lock-step sequence and total quarter credits range from 12 to 18 each quarter. The entire program consists of 123 credits, 103 for coursework, and 20 for Level II fieldwork. Course objectives, learning experiences, and evaluation methods are consistent with our program mission, philosophy, and curriculum design. Courses include cognitive, performance, and affective objectives, and evaluation of student performance in each course is individualized to the course goals.

See next page for curriculum course of study.

Master of Occupational Therapy Curriculum

The following courses are taken at the University of Washington in the scheduled sequence, beginning Autumn Quarter.

First Year 2003-04

Quarter 1 – Autumn 03		credits
Rehab 403	Exercise Physiology	2
Rehab 444	Functional Anatomy	4
Rehab 451	Anatomy Lab	1
Rehab 570	Foundations of OT	5
Rehab 566	Physical Exam for OT	1
		13

Quarter 2 – Winter 04		credits
Rehab 400	Medical Sciences	4
Rehab 445	Functional Anatomy	4
Rehab 452	Anatomy Lab	1
Conj 480	Neuroscience for Rehab	5
Rehab 571	Occup. Perf. in Life Span	4
		18

Quarter 3 – Spring 04		credits
Rehab 401	Medical Sciences	4
Rehab 442	Kinesiology	4
Rehab 448	Kinesiology Lab for OT	1
Hubio 563	Human Behavior II	3
Rehab 579	Therapeutic Communication	3
		15

Quarter 4 – Summer 04		credits
Rehab 572	OT in Psych*	6
Rehab 578	Occup. Performance Analysis	3
Rehab 580	Introduction to Research	3
Rehab 591	Master's Project Seminar	1
		13

* **Level I Fieldwork** clinical experience in conjunction with coursework.

Second Year 2004-05

Quarter 5 – Autumn 04		credits
Rehab 414	Psych Aspects of Rehab	2
Rehab 574	OT in Physical Dis. I*	6
Rehab 581	Measurement Systems	3
Rehab 584	Practice Issues & Trends	3
Rehab 591	Master's Project	2
		16

Quarter 6 – Winter 05		credits
Rehab 575	OT in Physical Dis. II	5
Rehab 576	OT in Pediatrics*	4
Rehab 582	Assistive Technology	3
Rehab 585	Admin. & Management	3
Rehab 591	Master's Project	2
		17

Quarter 7 – Spring 05		credits
Rehab 577	OT in Geriatrics*	5
Rehab 587	Industrial Rehabilitation	3
Rehab 576	OT in Pediatrics	2
Rehab 591	Master's Project	2
		12

Quarter 8 – Summer 05		credits
Rehab 594	Clinical Fieldwork	10
Three months of full-time internship		

Quarter 9 – Autumn 06		credits
Rehab 594	Clinical Fieldwork	10
Three months of full-time internship		

The primary thrust of the first three quarters of the professional program is on learning theoretical foundations (Outcome I) through a multitude of advanced human science courses and focuses on professional competencies (Outcome III) in three occupational therapy specific courses. In Quarter 1, students learn about normal and pathological physiology of the circulatory, respiratory, central nervous, and musculoskeletal systems (REHAB. 403, Exercise Physiology). They also begin a two-quarter series of lectures and laboratory sessions to study the musculoskeletal system as applied to patterns of motion, and anatomy of peripheral-vascular and peripheral-nervous systems (Rehab 444/445, Function of the Locomotor System; Rehab 446/447, Anatomy Laboratory for Occupational Therapists). The anatomy laboratory provides guided study of the above using prosected cadaver materials. Rehab 566, Physical Examination for Occupational Therapists, is a hands-on laboratory class that provides an introduction to the process of assessment, including standardized procedures in assessment of range of motion, manual muscle testing and muscle strength. These courses provide a major emphasis on technical competencies, specifically knowledge and skills in exercise physiology and human anatomy, and ample opportunity for learning critical thinking. In the first quarter, the students are also introduced to the history, philosophical base, theoretical foundations, frames of reference, and practice arenas of occupational therapy in Foundations of Occupational Therapy Theory and Practice (Rehab 570). This course provides a strong foundation in professional competencies: communication, professional ethics, adaptability, continued learning, and professional identity. It is also the first in a series of 8 courses on the theory and practice of occupational therapy.

In Quarter 2, students continue the second part of the functional anatomy lecture and laboratory series (Rehab 446 and 447). They learn about the structure of the central nervous system and sensory and motor systems in Introduction to Neuroscience for Rehab (CONJ 480). They also begin a two-quarter Medical Sciences course (Rehab 400/401) which provides lectures from numerous School of Medicine faculty on general surgery, obstetrics and gynecology, internal medicine, neurology, rehabilitation medicine, orthopedics, rheumatology, and pediatrics. The emphasis is on acquisition of knowledge (Outcome II) and critical thinking (Outcome III). The students are taught their second OT-specific course, Occupational Performance Through the Life Span (Rehab 571). This provides an overview of human development throughout life with a focus on occupational performance and roles from infancy to old age. This course provides major emphasis on theoretical foundations (Outcome I) and professional competencies (Outcome III).

Quarter 3 provides a continuation of the Medical Sciences course (Rehab 401). In Kinesiology (Rehab. 442) lectures and laboratory sessions (Rehab 448), students study joint motion and muscle function and apply rehabilitation techniques (i.e., joint motion testing procedures, sensory-perceptual testing, prosthetic and orthotic devices, and wheeled mobility devices). They also learn about major psychiatric disorders in Systems of Human Behavior (HuBio 563), a course taken with second year medical students. All of the above mentioned courses provide a major emphasis on Program Outcome I, but begin to introduce integration of knowledge and skills in the laboratory classes and a course on Therapeutic Communication Skills (Rehab 579).

Courses in Quarter 4 of the professional program require that students apply and integrate information from the human science courses and apply this to occupational therapy theory and practice in the classroom and Level I fieldwork training. The emphasis in technical competencies now shifts to integration of knowledge and skills and the use of problem solving in case studies or with actual clients in practice settings. Emphasis on professional competencies increases and courses now begin to focus on communication, critical thinking, contextual orientation, professional ethics, adaptability, continued learning, professional identity, and leadership capacity.

In Quarter 4 students take a class on the analysis, adaptation, and sequencing of therapeutic activities as they apply to occupational performance (Rehab 578). Students also take Occupational Therapy Theory and Practice in Psychosocial Dysfunction I (Rehab 572), a course that provides theoretical bases and clinical practice skills for assessment and intervention with individuals who have psychological, psychiatric, and/or cognitive impairments. The students have the opportunity to integrate and apply knowledge and skills in psychosocial Level I fieldwork settings for a 40-hour week. Students also learn to be good consumers of research in Introduction to Research (Rehab 580). They review basic statistics and are introduced to group research design, tests and measurements, and single-subject research methods. Assignments and tests provide the students with opportunities to apply these skills by critically examining research articles in occupational therapy literature. All of these courses integrate the learning of knowledge and skills with the development of professional competencies (Outcomes I & III).

In Quarter 4, students are introduced to the Master's Project. This project spans over four quarters for a total of seven credits and is a capstone experience that provides the opportunity for students to integrate their educational experience and present scholarly information in written and oral form. Projects may be focused on research, administration, education, practice, policy, or other scholarly or creative work. Examples of projects include pilot research, clinical protocols, case studies, program development, or a survey. Students work on project in small groups and are guided by a faculty advisor.

During Quarter 5, students begin a two-quarter series on Occupational Therapy Theory and Practice in Physical Disabilities I (Rehab 574). This course provides theoretical bases and clinical assessment and intervention skills for working with clients who have sensorimotor and/or cognitive impairments. Emphasis is on the impact of impairments and functional limitations resulting from disability on occupational roles. Students have the opportunity to integrate knowledge and skills in Level I fieldwork training experiences for a 40-hour week in conjunction with their coursework. Students take a course with physical therapy and prosthetic and orthotics students which focuses on psychological processes underlying adjustment to disability. They take a second course on research, Measurement Systems (Rehab 581), in which they learn about the reliability, validity, norms, the test development process, and statistics relevant to tests and measurements. In addition students (1) are introduced to a variety of standardized tests used in practice; (2) administer and score a variety of tests; and (3) critically evaluate a

standardized test relative to both clinical utility and psychometrics. Students learn about the health services system in the United States (Practice Trends and Issues - Rehab 584). Content includes health service history and trends, health service systems and facilities, community-based systems, reimbursement, managed care, regulation, ethics, and roles within OT and the system.

In Quarter 6, the OT Theory and Practice in Physical Disabilities II is continued (Rehab 575). An overview course on assistive technology covers interface devices, computer applications, environmental controls, augmentative communications, powered mobility, and sensory enhancement. This course (REHAB 582, Assistive Technology in Rehabilitation) provides a hands-on laboratory for learning to use assistive technology devices. OT Theory and Practice in Pediatrics (Rehab 576) provides the opportunity to apply theoretical foundations and skills to children in diverse settings including acute care, early intervention, school system practice, and transition. Emphasis is on assessing the child in the environmental context and collaborating with families and team members. Level I fieldwork in various pediatric settings (20 hours) provides practical experiences.

In Quarter 7, students take Occupational Therapy Theory and Practice in Geriatrics (Rehab 577) that covers the psychology, physiology and sociodemographics of aging and focuses on social interaction skills and activity performance with older adults. Level I fieldwork for a 40-hour week provides opportunities for integration of knowledge and skills in the practice setting. Industrial Rehabilitation (Rehab 583) provides knowledge and skill competencies applicable to the evaluation and training of individuals with work related disabilities. Worker characteristics, job analysis, and work accommodations within business and industrial settings are discussed. Administration of Occupational Therapy Services (Rehab 585) provides students with background and skills in organization and management including strategic planning, program planning, fiscal management, productivity measures, quality assurance and marketing. Students also continue with a second part to Rehab 576, OT in Pediatrics. Finally, in this last quarter, students complete their master's project and present it orally to classmates, faculty, and community therapists at the Annual Graduate Project Symposium.

Level I Fieldwork is integrated throughout the program so that students receive continual opportunities for integration of knowledge and skills in the practice arena and also feedback about their own performance. It is included as part of five courses within the curriculum that comprise the series entitled Occupational Therapy Theory and Practice. The goal of Level I fieldwork is to provide opportunities for observation and structured participation in application of assessment and intervention principles and strategies. The instructors work with clinical supervisors to develop specific objectives for each course and also to develop learning experiences for the setting. Following are the general objectives for Level I fieldwork experiences:

1. Integrate and apply knowledge and therapeutic skills in the assessment process and intervention planning and implementation.
2. Demonstrate application of therapeutic skills appropriate to the setting.
3. Demonstrate professional attitudes, values, and behavior appropriate to the practice setting.

Level II Fieldwork. Each student is required to successfully complete 940 hours of Level II fieldwork experiences in order to graduate from the program. Students take Level II fieldwork in settings that provide diverse experiences relative to disability, age groups, and types of settings. Students may not advance to Level II fieldwork until they have successfully completed all coursework and all Level I fieldwork. Level II Fieldwork reflect the AOTA's Standards of Practice for Occupational Therapy and the Program's curriculum design and objectives. The Program Philosophy, Mission, Curriculum Design, Outcome Objectives, a list of courses in the curriculum, and Level II fieldwork objectives are provided to each fieldwork facility so as to assure continuity between curriculum content and fieldwork learning experiences.

2. Standard by Which Success of Achieving Objectives is Measured: Evaluation of Program

The Occupational Therapy Program at the University of Washington has formulated three major program objectives based on our philosophical base, mission and program design. These are:

I. Demonstrate technical competence through acquisition of theoretical knowledge, therapeutic skills, and integrative competencies as they relate to occupational performance.
II. Demonstrate ability to integrate knowledge and therapeutic skills in Level I and II fieldwork, culminating in entry-level competencies for practice in health and human service delivery systems.
III. Demonstrate professional competencies through an understanding and use of professional attitudes, values, and skills which exemplify a commitment to continued learning and the profession's growth and development.

The system of program assessment is directly linked to the program objectives and the program evaluation focuses on three aspects of outcome effectiveness: student learning, faculty effectiveness, and course and curriculum effectiveness. Quantitative and qualitative data are collected from various sources that provide valuable information for monitoring program effectiveness and making appropriate modifications. These assessment sources include: clinicians, faculty, professional associations/outside agencies, consumers, students, and graduates.

Program evaluation strategies are both process and product focused. The process evaluation strategies are qualitative emphasizing the scope, appropriateness, and quality of the educational experiences offered. The quantitative evaluations, being product oriented, focus on the numbers of students graduating, grade point averages, and certification exam results. All program evaluation information is reviewed by the occupational therapy faculty on a regular basis (weekly, quarterly or yearly as appropriate) and is used for revision of the curriculum relevant to both didactic and fieldwork training components.

Following are the ongoing assessment strategies used by our program listed by the source of data collection (see table that follows)

Data Source: Occupational Therapy Practitioners

- Clinician/Faculty Annual Meeting. Clinical therapists who supervise our students provide feedback regarding the curriculum and student performance in faculty facilitated small groups. This feedback is compiled and reviewed by the faculty. The information is then used to plan program modifications or changes as appropriate.

- Advisory Boards. We have an Advisory Board that meets two times a year. This Board assists in reviewing and making recommendations regarding program issues (i.e., recruitment), the curriculum, and specific courses. Last year, the Advisory Board designed a mentorship program for students and it was implemented in Autumn 2002.

- Special Course Review Committees. In-depth reviews of selected courses are conducted as indicated. These may involve OT faculty as well as clinicians who serve as fieldwork supervisors for our students.

- Fieldwork Site Visits. Site visits of student fieldwork centers are conducted by the Fieldwork Coordinator and other OT faculty as often as is feasible. A site visit guide and report outline is used for the written report. Information gleaned from the site visit is reported in regular weekly faculty meetings. If deficits are identified, the faculty determines an action plan to assist the center in remediation or may decide to discontinue using the site.

- Level II Fieldwork Data Form & Review. Yearly reports (AOTA data form and updated learning objectives) are required from each training center and are reviewed for compliance with fieldwork training criteria by the Academic Fieldwork Coordinator. This information is then presented at a regular OT faculty meeting for review and approval.

- Level I Fieldwork Performance Evaluations of Students. Level I fieldwork is taken in conjunction with the four major theory and practice courses in the curriculum. Students are evaluated by their clinical supervisor using the Level I Fieldwork Evaluation Form. The course instructor reviews the reports and includes them in the grading criteria for the course.

- Level II Fieldwork Performance Evaluations of Students. The scores on these are compiled at the end of each quarter in which students are taking FWII affiliations (Summer, Autumn, Winter, Spring). They are reviewed by the Academic Fieldwork Coordinator and information learned is presented to the faculty either at a regular meeting or retreat.

Data Source: Faculty

- Student Grades. Grades of students on program coursework are compiled each quarter and kept in the student's file. Each class advisor reviews course grades and quarter grade point averages each academic quarter and a cumulative grade point average in the program is calculated and kept in the student's file.

- Student Advising. Each class is assigned a faculty adviser who is responsible for monitoring the students' academic and professional development progress throughout the program. The adviser meets with students as appropriate, providing feedback for accomplishments as well as addressing any problems or areas for improvement.

- Professional Development (PDP) Forms. The Professional Development Form is used to summarize faculty perceptions of students' professional values, attitudes and behaviors. Each PDP advisor records the feedback on the forms and this is given to the student with a copy kept in the student's file. The PDP advisor meets with each student regarding his/her professional development at three designated times during the program.

- Weekly OT Faculty Meetings. The OT faculty meets on a regular weekly basis and as part of that meeting reviews curricular and student issues that need attention on a day-to-day basis. Those issues that require action are delegated to a faculty member and a timeline is set and recorded in the minutes. This provides a record for monitoring action items.

- Quarterly Peer Course Reviews. At the beginning of each quarter, the faculty meets to conduct peer reviews of courses taught the previous quarter. The discussion includes reviewing course syllabi, objectives, assignments, and student feedback. Each course is discussed individually, as well as its relationship to the curriculum design. An action plan is developed which includes follow-up on recommended changes from the previous year. All reviews are kept in a notebook in the Program Director's office so that instructors can use the information for planning and also so that the Program Director can monitor recommended actions.

- Faculty Peer Review of Teaching. Faculty members observe and provide feedback to each other numerous times during an academic year. All faculty members typically provide one or more guest lectures in other classes each quarter. The two faculty members discuss the guest lecture before and after the session relative to strengths and weaknesses of content, organization, and presentation style. The guest speaker may request that the departmental peer observation form (Evaluation and Improvement of Teaching) be filled out and put in his/her file.

- Meetings with Program Director. The Program Director meets with faculty informally as needed relative to responsibilities. These meetings provide an opportunity for ongoing review and feedback.

- Faculty Retreat. The OT faculty has an annual full-day retreat that includes development of a three-year strategic plan, discussion of student feedback relating to the curriculum, course sequencing in relation to the curriculum design, and other issues relevant to the faculty. Other half-day retreats are scheduled if needed.

- Faculty Annual Review/Goals. Each year faculty are expected to write their goals for the next year to include teaching, administration, professional presentations, research, publications, continuing education, and grant writing. These goals are reviewed and discussed with the Program Director and shared at the Annual OT Faculty Retreat.

- Merit Review - The Department Chair provide feedback related to performance to each faculty member on a yearly basis. To accomplish this each faculty member fills out the Annual Faculty Report which details teaching activities, research activities, grant writing, clinical activities, administrative duties, and other professional activities for the completed academic year as well as the projected activities in each category for the next year. This information is used in departmental discussions to determine merit salary raises.

- AOTA Self Study Process. - This process encourages the faculty to review the entire program focusing on the AOTA Essentials, as well as the Program's mission, objectives and curriculum design.

- Students Graduation Rates. These are compiled at the end of each academic year. This is reported annually to the School of Medicine, AOTA Education Department and to the AOTA Accreditation Committee.

Data Source: Students

- UW Educational Assessment Forms. At the end of each quarter, students are asked to provide feedback on courses anonymously using UW Educational Assessment forms. For each course, the student fills out a two-part assessment. The first form asks the students to evaluate the course on a questionnaire with items rated on a 6-point scale ranging from 0 to 5. The second form asks the students to describe course strengths and weaknesses in narrative form. Each quarter, the Program Director reviews assessment results.

- Student Forums. The OT faculty meets with the students in an open forum each quarter. Students have the opportunity to provide feedback on the curriculum as a whole or discuss issues of interest/concern to class members. Notes are taken by the class advisor and the issues are discussed at the next faculty meeting. Issues that require action are delegated with timelines to specific faculty members. The class advisor or faculty representative discusses the outcome with the class and implements changes as appropriate.

- Professional Behaviors and Attitudes Assessment and Plans. Students self-assess their professional behaviors and attitudes and develop action plans for areas in which

they wish to improve. Students complete these plans a minimum of three times during the program. Students meet with a faculty member to discuss this self-assessment and to assist in developing an action plan to meet specified goals.

- Student Feedback on Level I and II Fieldwork Centers. Students complete feedback forms on both Level I and II placements each year. Responses indicate both the quality/quantity of supervision, and integration of didactic learning and clinical opportunities. This feedback is reviewed by the Academic Fieldwork Coordinator and by faculty to provide information on the quality of training provided at centers.

- Exit Survey or Focus Group. After completing program coursework, students provide feedback on the curriculum via an exit survey or focus group. This feedback is discussed at the annual faculty retreat and action plans are developed if indicated.

- National Certification Examination Results. Results are received twice each year. Our student scores are compared with national means and pass rates. Faculty reviews the examination results to identify content areas that may need strengthening.

Data Source: Professional Association and Outside Agencies

- AOTA Accreditation Yearly Report and 10-year Site Visit. Each year the Program Director submits a written report to the AOTA Accreditation Committee for review and approval of the program's accreditation status. A formal self-study review and site visit are conducted at a time interval designated by AOTA (UW received a 10-year accreditation in December 2001).

- Faculty awards, association activities, presentations, publications, and grant awards. A compilation of faculty activities that represent continued learning and advancement is kept. This is used for annual reviews, merit reviews, and reports.

Data Source: Consumers

- Employer Survey. First employers of graduates are sent a survey asking them to rate the UW graduate's entry-level skills. These survey results are compiled and reviewed at regular faculty meetings or the retreat in conjunction with graduate surveys.

Data Source: Graduates

- Follow-up Survey of Graduates - Follow up surveys are sent to graduates each year requesting information about their employment setting, type and scope of practice, salary, job satisfaction, and their perception of the adequacy of their education. Data from surveys, grades, certification exam results, etc. are analyzed on a yearly basis and discussed at regular faculty meetings and the annual faculty retreat.

University of Washington
Division of Occupational Therapy
PROGRAM EVALUATION ACTIVITIES

	EVALUATION OF		
DATA SOURCES	**Student Learning**	**Faculty Effectiveness**	**Course & Curriculum Effectiveness**
Occupational Therapy Practitioners	-Faculty/Clinician Annual Meeting -Level I Fieldwork Evaluation of Students -Level II Fieldwork Evaluation of Students -Fieldwork Site Visits	-Fieldwork Site Visits -Advisory Boards	-Faculty/Clinician Annual Meeting -Course Review Committees -Advisory Boards -Level I & II Fieldwork Evaluations of Students - Review of Fieldwork II Centers -Fieldwork Site Visits
Faculty	-Student Grades -Professional Development Plans -Student Advising -Student Graduation Rates -Annual Faculty Retreat	-Quarterly Peer Course Reviews -Faculty Peer Review of Teaching -Department Merit Reviews	-Quarterly Peer Course Reviews -Weekly Faculty Mtgs. -Annual Faculty Retreat -Self-Study Process -Student Graduation Rates
Students	-Student GPA's -Professional Behaviors and Attitudes Assessment -Student Graduation Rates	-UW Educational Assessment Forms -Student Forums -Exit Survey	-UW Educational Assessment Forms -Student Forums -Student Feedback on Level I & II Fieldwork Centers -Exit Survey -Meetings with Program Director
Professional Associations, Outside Agencies	-AOTA Accreditation -NBCOT Exam Results	- Faculty Awards - State/National Association activities - Presentations - Publications - Grant Awards	- AOTA Accreditation - NBCOT Exam Results
Consumers	- Employer Survey		- Employer Survey
Graduates	- Follow-up Survey of Graduates	- Follow-up Survey of Graduates	- Follow-up Survey of Graduates

3. Career Options for Graduates of Program

Each year we conduct a Graduate Survey six months after students have graduated from the program. In this survey we ask about current work, area of practice, and salaries. The 2002 survey results (64% response rate) indicate that 55% of respondents took positions in pediatrics, 33% in adult physical rehabilitation, and 11% in geriatrics. In the 2002 graduating class, 33% of respondents found positions prior to graduation, 22% in less than 3 weeks, 33% in 3 weeks, and 11% in 5 weeks. Forty-four percent of respondents received one job offer, 33% two offers, 11% three offers, and 11% five offers.

In addition, we sponsor a yearly meeting for all of our fieldwork educators. This provides us with invaluable information about needs in the community and open positions. Information learned from community therapists helps us in planning coursework that reflects the needs of our profession and in our immediate community. We have over 150 sites that take our students for fieldwork I and II experiences, and through information requested from these sites, we are able to learn about what kind of positions are open for our graduates and also what knowledge and skills are expected at these centers.

Section F: Graduate Students

1. Recruitment and Retention

Occupational therapy programs nationwide experienced a reduction in applicants over the last five year period. This coincided with our program's transition from a baccalaureate to a Master's level. Because of this, we needed to implement an aggressive marketing program to attract graduate students. We began by conducting surveys of entering student to ascertain how they found out about occupational therapy as a career, how they learned about the UW MOT program, what factors were important to them in selecting an OT program, how effective our written and website materials were in providing needed information, and how they rated their experience with our office. We also analyzed admission data and used a short survey to determine what reasons applicants gave for selecting our program or why they selected another. Two major pieces of information emerged that formed the base for our marketing plan and efforts. First, the most important reason students chose occupational therapy was their volunteer experience with an occupational therapist. Second, we found that the majority of students who chose other schools over UW were out of state students. Thus, we decided to focus on Washington State and other Northwest states for our recruitment efforts and to develop a network of excellent volunteer sites for prospective applicants. Recruitment activities included, but were not limited to, mailings to advisors at regional schools, meeting personally with and emailing UW advisors in specific departments, attending campus health fairs. We also solicited help from the community and identified centers that wanted to help us recruit students to occupational therapy. We compiled this list of centers with contact names, phone numbers, and area of practice and included this list with our program information materials, as well as posting it on our web site.

In addition, we learned from academic marketing research that today's students are looking for individualized attention and experiences. Thus, we began a plan that encouraged structured visits to our Division. These visits included meeting with the Program Director, attending a class, meeting with current students, and meeting with another faculty member in the applicant's area of interest. Our marketing efforts have paid off and our class size saw an upward trend from 14 admitted in 2000 to a full class of 25 admitted in 2003.

Retention rates for students admitted to our program have always been high and attrition rates low. We are committed to assisting students who may be having difficulty with coursework through counseling and/ or tutoring. It is rare for a student to withdraw from the program as the volunteer work experience assures that they understand the profession. The one student who withdrew in 2001 did so because of personal reasons and transferred to an OT program where her family lived. See chart below.

Year Admitted	Students Enrolled	Withdrew in 1st year	Failed in program	Attrition (# drop or failed/ #admitted	Graduation Rate (# graduated/ # admit-withdrew	Certification Exam Pass Rate
1999	21	2	0	10%	19 (91%)	100%
2000	14	0	0	0%	14(100%)	100%
2001	16	1	1	12.5%	14(88%)	Not taken yet
2002	17	0	0	0%	In program	Not taken yet
2003	25	0	0	0%	In program	Not taken yet

2. Inclusion in Governance and Decisions

Students provide feedback to faculty about our program through quarterly student/faculty forums. The students may offer input about the program itself, specific courses, policies, etc.

Students who have grievances (which is rare) are directed to speak the Program Director. If the grievance has to do with a course assignment or grade appeal, the student is encouraged to discuss and work it out directly with the instructor of the course. If this is not successful, then the Program Director becomes involved as a facilitator or intermediary. There have been no formal grievances in our program in the last three years.