

1. Small Group Discussion

Topic and Focus:

Entry-level and post-qualification competencies

Facilitator: Thelma Burnett - 2nd Alternate WFOT Delegate for Australia; Deputy Programme Coordinator WFOT Standards and Quality Programme

Background:	<p>The WFOT Standards and Quality Program is continuing to undertake extensive work around competencies. The Entry Level Competencies Project produced the <i>Position Statement: Entry Level Qualifications CM2008</i>. As work continued on a follow-up project, Specialist Competencies, another statement was produced, <i>Position Statement: Competency and Maintaining Competency CM2012</i>.</p> <p>As the Specialist Competencies Project continues, the 2014 Education Day offers the opportunity to look closely at entry-level and post-qualification competencies from both the education perspective and the industry perspective; particularly the interface of life-long learning, evidence based practice and academic qualifications.</p>
Key Messages:	<p>While the responsibility for competency rests with the individual occupational therapist, what responsibility does education have in ensuring that graduates are provided with all requirements for competent practice?</p> <p>This overview sets the scene for discussion around what competency means for the individual occupational therapist, their workplace and the educational facilities.</p>
Questions:	<ul style="list-style-type: none">• What is the role of the academic institutions / universities / education facilities in maintaining competence?• How do post-graduate qualifications align with professional experience in a particular field?• Are post professional / graduate qualifications essential to being a 'specialist' practitioner?

2. Small Group Discussion

Topic and Focus:

Competencies for Community Occupational Therapy: How can education respond to the shift towards practice in the community?

Facilitators: : Liliya Todorova, PhD , Head of OT programme, University of Ruse, Bulgaria

Hanneke van Bruggen, Hon.Dscie, Director FAPADAG, the Netherlands

Background:	<p>In 2006 the first bachelor programme in Occupational Therapy was launched at the University of Ruse, in Bulgaria, partly as a result of an EU programme with ENOTHE.</p> <p>The current context, marked by instability, unemployment (higher than the average in EU and youth unemployment reached 28,1%), impoverishment and aging population, is crucial for the development of occupational therapy.</p> <p>The health system is economically unstable and most hospitals, are suffering from underfunding. The common trend in the social services is more emphasis on caring and protection of users rather than on development of models for empowerment. The need for well-trained personnel to improve the quality of social services is indicated.</p> <p>The University of Ruse (UR) is committed to build the first Occupational Therapy Programme in Bulgaria as an example of highest standard in professional education and research in a local context. In this way we will contribute to the social reform in Bulgaria by ensuring full and active participation of persons with activity limitations/disabilities in society.</p>
Key Messages:	<ul style="list-style-type: none">• In compliance with societal needs and governmental policies occupational therapy practice in Bulgaria need to be developed primarily in the area of community based services.• Therefore occupational justice and social inclusion of socially disadvantaged groups is an area of special concern and attention in the curriculum.• People with disabilities are still stigmatized and discriminated, and intervention is focused rather on community than individual approaches.
Questions:	<p>How can education respond to the shift towards practice in the community? Some of the critical questions are:</p> <ul style="list-style-type: none">• What competences are relevant to ensure occupational justice and social inclusion of disabled people and socially disadvantaged groups?• How to prepare OT students to stand for and defend their professional values when they face confrontation, rigidity and ignorance of the personnel at workplaces?• How to build competence-based curriculum in a traditional subject-based framework and a teacher focused lecture system?

3. Small Group Discussion

Topic and Focus:

How can occupational therapy education be enriched by community-based education?

Facilitators: Sandra Maria Galheigo, PhD, MEd., OT, Assistant Professor.
Department of Physiotherapy, Communication Science & Disorders,
Occupational Therapy. Faculty of Medicine. University of São Paulo
Erna Navarrete, Assistant Professor, Occupational Therapy School,
Universidad de Chile

Background:	The shift towards practice in the community, as offered in various Latin American Occupational Therapy Educational Programs, has proved itself as an enriching experience for future practitioners. Practice and Service Learning in community settings offers students a unique and complex understanding of the context people live in and enables the development of competencies for practice
Key Messages:	Knowing the community in its complexity by direct contact. Developing political literacy, as Paulo Freire envisioned, by learning with diverse community experiences. And Learning from people's views about their social and health needs and how they think these issues should be addressed. Learning to identify power issues by questioning the role professionals are entitled to. Exercising strategies of action in community settings. Developing community projects enables students to engage in activities, which promote social participation and access to human rights. Developing professional praxis in the community enables students to exercising an ethical and political commitment towards the social transformation of living conditions of people in disadvantaged communities.
Questions:	Practice and service learning in community settings may contribute to the debate among occupational therapists on the role of the profession in community action and to disseminate knowledge for developing a critical perspective in occupational therapy. How do these key messages and reflections fit with your contexts back home? What can we take from these experiences to enrich our own?

4. Small Group Discussion

Topic and Focus:

Think locally, act globally: Competencies and their relation to contexts

Facilitator: Hetty Fransen, spouse Jaibi, Head of the OT-education in Tunis, University of Tunis-El Manar, Tunisia

Background:	<p>OT education has started in Tunisia since 2000 with the overall aim to meet the needs of the Tunisian population. The ministry of health initiated the program and the education was set up with local ownership and with help from local NGO's, international university partnerships and international NGO's in the field of disability and development. The curriculum was inspired by guidelines from ENOTHE & WFOT.</p> <p>Grounded in the local context and an occupational perspective, the program began with a focus on critical thinking and clinical reasoning, fostering improvisation and innovation, in order to educate graduates able to further develop their profession.</p> <p>There are 225 graduates to date, 90% working in Tunisia where is a high unemployment rate. They are employed across many practice areas, urban and rural, as well as internationally. Now at Bacculaureate level, with some graduates completing a Masters degree.</p> <p>OT competencies are published in the Official Journal of the Republic of Tunisia.</p>
Key Messages:	<ul style="list-style-type: none">• Professional education should provide students with different situations and practice paradigms• Construct appropriate practice emerging from local experience• Processes are just as important as products
Questions:	<ol style="list-style-type: none">1. Working in context, working with context and be an agent in developing context is the developmental focus. Partnerships and capacity building for inclusive development are important. What does this mean for competencies?2. As well as "What should the student learn?" we should also consider this question: "Why, Where and How should this learning take place?"3. This scenario turned the usual phrase of "Think globally act locally" in "Think locally, act globally". What does this mean for the sequence of building competencies?

5. Small Group Discussion

Topic and Focus:

Competencies for Community Occupational Therapy

(How can education respond to the shift towards practice in the community?)

Facilitator: Dr. Sarah Kantartzis, Queen Margaret University, Edinburgh, UK.
ELSiTO (Empowering Learning for Social Inclusion through Occupation), Hellenic Association of Occupational Therapists, Greece.

Background:	Economic change within Europe is worsening existing problems related to poverty and marginalized groups. In Greece, current unemployment is approaching 30%, with homelessness of families escalating, increased racism and reduced health services. The need is great for collaborative work by all health professionals to enable social inclusion through collective action. The ELSiTO partnership (www.elsito.net) recognized this need and outlined the competencies for partnership learning, part of the requirements for this change to take place. Competencies identified covered a wide range: ethical engagement with others, recognizing and negotiating issues of power, engaging in partnerships founded on trust, transparency equality and sharing.
Key Messages:	<ul style="list-style-type: none">• Occupation is at the core of such work that aims to create enabling societies that promote the flourishing and potential of all.• Using the power of occupation to enable collective action and the flourishing of communities requires competencies other than those that focus on individual ill-health and impairment.
Questions:	<ol style="list-style-type: none">1. How can education respond to the shift towards practice with and in the community?2. What kinds of learning opportunities will support this innovation best?3. How can we know when these competencies are learned and being applied?

6. Small Group Discussion.

Topic and Focus:

The field-work education perspective—Assessing competencies and facilitating change.

Facilitators: Kit Sinclair, PhD, Honorary Professor, Tung Wah College, Hong Kong

Eva Chung, PhD, Assistant Professor, Department of Rehabilitation
and Social Sciences, Tung Wah College, Hong Kong

Background:	Key indicators for acceptable mastery in communication <ul style="list-style-type: none">➤ reacts in positive manner to questions, suggestions and /or constructive criticism➤ demonstrates listening skills (e.g. body language, verbal communication)➤ asks relevant and understandable questions➤ communicates information at an appropriate time and place➤ respects the right of those in authority to make decisions by compliance with the decisions➤ maintains appropriate authority with non-professional staff through respectful and courteous behaviour➤ respects time limitations of others by being prepared for discussions, conferences, etc➤ contributes information to others, being tactful and considerate of others and their views
Key Messages:	Jolynn is starting her third OT clinical placement. She needs to improve her communication skills. Her last clinical educator noted that at midway evaluation she was very shy, had nervous laugh and avoided eye contact when she talked with her. the CE commented that Jolynn tried hard to please and was well prepared but lacked confidence. Even toward the end of placement, Jolynn seldom initiated conversation with staff, and did not volunteer information in meetings unless questioned directly. Sometimes she wasted time in getting things done because she seemed afraid to ask for help. She also seemed reluctant to assume authority and give directions or criticize performance of employees she was responsible for supervising. She was often too informal when supervising new employees However, she seems popular and at ease with other students. Jolynn is aware of her shortcomings but doesn't know how to make change. I know it is the responsibility of the occupational therapists to observe the patient and communicate the information to others. I know that I have to develop some techniques for improving my self-confidence. Maybe I should to try to write things down, so that I have this information at my fingertips, but then I am not sure if that is what they want to know.
Questions:	We will review the requirements for Jolynn's placement and consider ways that her clinical educator can support her to improve her competency in communication. We will reference the use of learning contracts and reflective journaling.

7. Small Group Discussion

Topic and Focus:

Problem-based learning in an occupational therapy curriculum

Facilitator: Daleen Casteleijn, Associate Professor, Department of Occupational Therapy, School of Therapeutic Sciences, Faculty of Health Sciences, University of the Witwatersrand.

Background:	<p>Problem-based learning (PBL) is a popular teaching strategy in curricula of healthcare professionals. It is acknowledged as a strategy to facilitate problem-solving skills, clinical reasoning, active and self-directed learning which contribute greatly to life long learning in healthcare professionals.</p> <p>Group work is a core component in PBL as students are facilitated in a group session to come up with current knowledge to solve a given problem. Though the PBL process is structured in 7 steps: what is known (prior and in the scenario), hypotheses of what is happening, learning gaps, learning plan, researching and synthesizing.</p>
Key message:	<p>Problem-based learning is a powerful strategy to teach occupational therapy students independent learning, problem-solving skills, core competencies, clinical reasoning and contribute greatly to life long learning in healthcare professionals.</p>
The scenario:	<p>As an occupational therapy lecturer you have noticed that students are not paying attention during traditional lectures. They use iPads and cell phones to record the lectures and learn the content remotely to answer specific questions in written tests. They perform well in the tests but when they have to apply the knowledge in the clinical field, they are stressed and unsure what to do with their clients. Although there are sufficient lectures on clinical reasoning in the curriculum, they are unable to apply it with their clients. You came across an article that promotes PBL as a suitable teaching strategy for occupational therapy educators as it facilitates active learning. You wish to present this strategy to your colleagues in your next meeting.</p>
Questions:	<p>What do you see as the key differences between traditional learning and problem-based learning?</p> <p>What are the occupational therapy professional competencies that are recognizable in the learning process described above and from the details you have gained in your discussion?</p> <p>Are there elements of this discussion that you would consider applying in your own culture and environment?</p>

8. Small Group Discussion

Topic and Focus:

Competencies built around human rights and societal transformation

Facilitator: Chantal Christopher, Discipline of Occupational Therapy, College of Health Sciences, University of KwaZulu-Natal

Background:	South Africa 20 years post democracy is emerging as an interesting case study in terms of tertiary education and student facilitation. The country not only sits at a watershed period between the developing world and the developed but at a time that allows, indeed asks for a process that looks back on lessons learnt and prompts authentic journeying into the future. Does and will Competency Based Education answer this call?
Key Messages:	This session will attempt to not only describe findings from the facilitators recent research with undergraduate students but more importantly look to open a dialogue between delegates within the room that resonate with / or are aversive to these findings. The findings such as continued Othering between race, class and language lends itself to a contemporary refocusing on competencies for practice in an emerging South Africa and indeed the world. Competencies such as a lack of emancipation among students that were previously disadvantaged with concomitant lack of interrogation from students that were advantaged appear to be wholly South African in nature however has echoes across the world, from voices in the diaspora, to minority groups or those seen as subaltern. The study revealed insidious signs within the academy that sends a clear message that the culture of education is hegemonic in nature and continues to marginalize the very students within the discipline of Occupational Therapy that are required to be multicultural practitioners.
Questions:	<p>Does OT education in your country have competencies built around human rights and societal transformation? What does this look like?</p> <p>How does unequal access to education and resources impact on student competencies?</p> <p>Does the university demonstrate understanding of the student body and societal issues? What can a university do towards creating a transformed society through competency based education?</p> <p>How can OT curriculum through competency based education address these sociological issues that affect both the students and the teachers?</p>

9. Small Group Discussion

Topic and Focus:

Supervision of Beginning Practitioner Competencies

Facilitator: Hua Beng Lim, 2nd Alternate WFOT Delegate for Singapore

Background:	<p>In Singapore, Occupational Therapists need to be registered with a valid practice certificate to practice occupational therapy.</p> <p>New practitioners are registered under Conditional Registration for minimally a year. Conditional Registrants require compulsory supervision by a Fully Registered occupational therapist. During the supervision period, their supervisor/s would assess various competencies. Once they achieve the competencies, evidenced from documentation from submitted supervisory reports, they are then granted Full Registration. At the same time other health or social care professionals are to rate the conditional registrant on broad competencies in professional behavior, communication for some randomly selected Conditional Registrants.</p>
Key Messages:	<p>In Singapore, as in most countries, occupational therapists entering the practice scene are graduates from various programmes in various countries besides the local educational programme. In order to ensure that new graduates are mentored and supervised to be competent when in their first practice area in Singapore, the public, profession and government felt that a compulsory system of supervision and evaluation of new practitioners, independent from the educational facility is necessary.</p>
Questions:	<p>Do you think that graduate competency is something about which we should be concerned or tracked?</p> <p>Is this system the same in your country?</p> <p>What do you suggest educators can do/contribute to development and monitoring of graduate competencies?</p>

10. Small Group Discussion

Topic and Focus:

Subject-Centered Learning: An Emerging Conceptual Framework for Designing Courses and Curricula in Occupational Therapy

Facilitator: Barb Hooper, PhD, OTR, FAOTA, Colorado State University, Health & Human Sciences, Occupational Therapy, Center for Occupational Therapy Education

Background:	<p>Students are asked to locate and use a home assessment tool. The assessments they locate invariably highlight accessibility in the home through measures of steps and doorways. They conduct detailed and precise assessments of physical features in the home. However, the ability to broaden their assessment beyond the physical space to include the how the space overall supports and hinders the occupations that the client wants and needs to do within each room takes prompting. The students demonstrate competency in conducting what some may see as a standard home assessment. What competency is still lacking?</p> <p>Discussion Focus: The elements of subject-centered learning and how those elements can guide educators in both curriculum, course and class session design. Subject-centered learning involves distinguishing the core subject at the heart of a profession and the topics that help explain some dimension of that subject. Educators then build curricula, design courses and teach at the intersections between topics, such as activity analysis, neuroscience or culture, and the subject, occupation.</p>
Key Messages:	<p>An important competency in occupational therapy is the ability to connect multiple topics and content areas with knowledge of occupation to solve complex problems of living. Adopting a subject-centered framework for course and curriculum design can aid students in acquiring this competency.</p>
Questions:	<p>What is the relationship of learning about occupation to the rest of the occupational therapy curriculum?</p> <p>Is integrating knowledge of occupation with all other topics in the curriculum considered a “competency?”</p> <p>If so, what are the advantages and disadvantages of using a subject-centered approach to support this competency?</p>

11. Small Group Discussion
Topic and Focus:
Title tbc

Facilitator: TBC (from Japan)

Background:	
Key Messages:	
Questions:	