FACULTY OF HEALTH SCIENCES
UNIVERSITY OF CAPE TOWN
CENTENARY
building the future

Department of Health and Rehabilitation Sciences

Division of Occupational Therapy

SELF-REVIEW REPORT FOR HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA (HPCSA) EVALUATION

2012

EXECUTIVE SUMMARY

The Division of Occupational Therapy welcomes the HPCSA evaluators and looks forward to constructive engagement towards the quality assurance of the UCT occupational therapy education programme. The convergence of the HPCSA evaluation and the Faculty of Health Sciences Centenary Celebrations bode well for an informative and beneficial process of acknowledging successes and reflecting on growth areas. Aligned with the procedure for evaluation of education programmes (HPCSA Form 59[1]), the self-review report provides the inspectors with pertinent information about the:

- educational philosophy and values that inform curriculum design and implementation
- policies and quality assurance mechanisms that guide curriculum excellence
- educational objectives, approaches and teaching methods that enable students to demonstrate competence
- physical, administrative and educational infrastructures that support students and staff in achieving strategic goals
- research, educational and practice productivity of staff in the Division in the context of the National Development Plan and a changing national higher education landscape.

The self-review report will highlight a number of critical issues that the Division considers to be of current significance in each of the domains under review. These issues will guide the deliberations of the HPCSA review panel and direct the Division towards addressing its future challenges. Substantiating documentation under each domain will be on display in the DHRS during the HPCSA site visit.

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[1] The content of the review report is based primarily on the previous evaluation form (Form 59). The revised HPCSA guidelines for the evaluation and accreditation of education and training programmes (Form 59 OCP) was received on 3 September 2012 i.e. after the report had already been under construction. Attempts to address some of the issues highlighted in the new guideline (form 59 OCP) have however been made where possible.

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GLOSSARY

DISABLED PEOPLE: The term "disabled people", rather than "people with disabilities" is used in this document. While "people with disabilities" is preferred in policy, "disabled people" is the term of choice of Disabled People South Africa (DPSA). It is taken to imply that disability lies not in a physical, psychiatric or intellectual impairment (cf "a person with hemiplegia"), but in the constraints of a disabling society.

OCCUPATION: Ordinary and extraordinary things that people do every day (Christiansen et al., 1995). Occupations are central to the way that we live our lives (Watson & Fourie, 2005), engaging our resources of time, energy and personal capacities. They reflect a transactional relationship between people and their contexts, bearing significance to what individuals, groups and communities are, and become (Cutchin et al, 2008).

OCCUPATIONAL CHOICE: Occurs implicitly and explicitly when agency is applied to occupational engagement. It involves the application of choice to participation in occupations; co-constructed through their transactional relationships with the context. An occupational choice can be made, manifesting as a process. It is also an outcome of a decision relating to participation in occupations (Galvaan, 2012).

OCCUPATIONAL JUSTICE: is concerned with the the recognition of and provision for the occupational needs of individuals and communities as part of a fair and empowering society (Wilcock & Townsend, 2000:84).

OCCUPATIONAL CONSCIOUSNESS: An ongoing awareness of the dynamics of hegemony, an appreciation of the role of personal and collective occupations of daily life in perpetuating hegemonic practices, and an appraisal of resultant consequences for individual and collective well-being (Kronenberg, Pollard & Ramugondo, 2011; Ramugondo, 2009; Ramugondo, 2012).

OCCUPATIONAL POTENTIAL: "People's [capacity] to do what they are required and have opportunity to do, to become who they have the potential to be" (Wicks, 2005, p. 130).

OCCUPATIONAL POVERTY: a state of existence characterised by stagnant potential, stunted agency and restricted learning that is precipitated and perpetuated by structural inequity and social injustice. It occurs when people are deprived, over long periods of time, of opportunity, choice and variety in daily activities, tasks and roles that enable the development of innate abilities (Watson & Duncan, 2010). It reflects the

effects of *simultaneous and prolonged experience* of occupational deprivation, alienation and imbalance (Wilcock, 1998).

OCCUPATIONAL THERAPY: A profession that works with individuals, groups and communities (Watson & Fourie, 2005) in order to enable them "to overcome those barriers within themselves or their environment that prevent them from participating in life's occupations" (University of Cape Town, 2011) such as personal care, schooling, work, play and leisure.

PRACTICE LEARNING: a method of learning in which students spend structured time with people in clinical contexts interpreting and responding to their specific health and occupational needs; related person-occupation-environment concerns; establishing and evaluating therapeutic and professional relationships; implementing an occupational therapy process (or some aspect of it), demonstrating professional reasoning and behaviours and generating or using knowledge of professional practice (adapted from WFOT 2002).

SERVICE LEARNING: a method under which students learn and develop through thoughtfully organised service that is conducted in and meets the needs of the community and is co-ordinated with an institution of higher education and with the community. It helps foster civic responsibility; is integrated into and enhances the academic curriculum of the students enrolled and includes structured time for the students to reflect on the service experience (The American Association for Higher Education, 1999).

1. BACKGROUND

The occupational therapy under and post graduate education programmes at UCT are shaped by a number of contextual drivers, all of which influence the content, structure and delivery of the curriculum. This section of the review provides a brief background to the contextual frame within which occupational therapy education at UCT is currently situated.

1.1. International and regional professional drivers

Recent developments within occupational therapy call for a critique of dominant discourses that shape thinking and retain occupational therapy practice within traditional clinical settings. Characterized by structuralist perspectives, these discourses view knowledge as objective and generalizable and humans as definable within universal frameworks (Hooper and Wood, 2002). While structuralist perspectives such as the biopsychosocial categorisation of human functioning provide firm grounding for rehabilitative approaches within the profession, they tend to re-inforce reductionistic and medicalised interpretations of humans in context. There is a growing call for the profession to also recognise the relevance of post-structuralist, interactional and postmodern perspectives on humans as occupational beings (Cutchin et al, 2008). Socially oriented occupational therapy practice has been proposed by practitioners from the Global South (Galheigo, 2011). Knowledge frameworks that are contextually situated and responsive to the needs of communities where people live, work, learn and play are being developed and warrant curriculum inclusion (Kronenberg, Pollard & Sakellariou, 2011; Whiteford & Hocking, 2012).

The call for a widened epistemological base has received a positive response from the World Federation of Occupational Therapy (WFOT), which has conceded that occupational therapy could not constitute a mono-cultural practice – restricted to criteria that are rooted in Western modernity (Kronenberg, Pollard and Ramugondo, 2011). Recent international congresses organized by regional occupational therapy professional groups in Zambia and Brazil were themed to address these epistemological concerns. The themes of both congresses called for occupational therapy to be driven by local needs and policy demands in both its epistemological and practice developments. The Occupational Therapy Africa Regional Group (OTARG) congress in Livingstone, Zambia (12- 16 September 2011) carried the theme, "Expanding horizons: Occupational Therapy for a Developing World". The Confederation of Latin American Occupational Therapists (CLATO) congress in Sao Paulo, Brazil (10 -13 October 2011) was themed "OT: Construction of Identities, Episteme & Practices in Latin America". Alongside the WFOT, regional occupational therapy groups such as OTARG and CLATO play a critical role in the development of professional educational programmes in the countries within which these groups have official jurisdiction and/or some influence.

The UCT OT Division makes concerted effort to stay abreast of current trends in the profession believing that the advancement of the profession is located in its responsiveness to the emergent knowledge economy and that students thrive when their curriculum is located in current local and international debates. While a readiness to advance the development of contextually relevant occupational therapy may well be present within recognised official professional structures, translating this into education and practice is a challenge. A fine balance must be struck between an epistemological inclusive and socially responsive curriculum on the one hand and discernment of the core knowledge, skills and attitudes required by new graduates for contextually relevant practice on the other hand. The UCT OT education programmes pay due attention to these and other curriculum design tensions by collaborating closely with the Faculty of Health Sciences Education Development Unit and subjecting the curriculum to regular reflexive scrutiny based on feedback from students and external evaluators.

1.2. Educational drivers

International higher education policy documents influence the South African higher education landscape aimed at building an nationally relevant and internationally competitive workforce (Unesco, 1998; SAMoE, 2001; HEQF, 2009). Student numbers at tertiary education institutions are growing and differently prepared students are entering universities in search of qualifications that will stand them in good stead in an increasingly globalised knowledge and skills economy. UCT places particular value on collaborating with other African countries in preparing socially responsive citizens and a workforce for the 21st century. The OT under and postgraduate student profile has changed over recent years as will become evident in this review. These and other education drivers including the rapidly rising cost of tertiary education and a very volatile public service platform all play a role in curriculum construction and delivery[2].

The use of qualification benchmarks such as the Higher Education Qualification Framework (HEQF), the HPCSA Minimum Standards[3] and the World Federation of Occupational Therapy (WFOT) Minimum Standards continue to guide UCT OT programme design. For example, the WFOT Minumum Standards suggest that undergraduate programmes adopt a combination or one of three orientations to practice: bio-medical, occupation or social (WFOT 2002:31). The Division believes that the complexity of the South African context requires graduates who are able to work flexibly and competently within all three orientations and has therefore structured the curriculum to integrate rather than privilege a particular

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[2] See Amosun et al (2012) for a recent publication on strategies used by UCT DHRS curriculum in context of these drivers.
[3] See Appendix 3 for a checklist aligning the UCT OT curriculum with the HPCSA Minimum Standards for the training of occupational therapists ito credits and time for all the undergraduate courses. The HEQF exit competencies are documented in Appendix 2

orientation. The scope of occupational therapy practice in South Africa is multi sectoral and based on the broad definition of health (Alma Ata 1979) that is inclusive of comprehensive health care, social justice, equity and community development. Occupational therapy practice based on a narrower definition of health such as the International Classification of Functioning (ICF) (World Health Organisation 2001) operates predominantly within the medical model i.e. health concerns are situated within the individual and not within society. Both definitions of health as well as all three orientations proposed by WFOT are indicated in a developing society. Our goal is to produce graduates who are ready for independent practice with minimal supervision during compulsory community service in under resourced areas. Attention to medical and social models of disability as well as the three streams for occupational therapy programmes suggested by WFOT contributes to this goal[4]. The following table summaries alignment of the UCT curriculum with proposed WFOT curriculum orientations.

WFOT CURRICULUM ORIENTATIONS (WFOT 2002:10)	UCT OT EDUCATION PROGRAMME
Bio-medical: deals with existing/at risk health conditions	The bio-medical stream (including mental health) is addressed up to third year after which it forms a backdrop for professional/clinical reasoning in education, work and community practice.
Social: deals with populations at occupational risk due to socio-political forces such as war, homelessness etc.	While the social stream is evident in the first three years of the UCT curriculum, it receives particular emphasis in the fourth year with community development practice.
Occupational: deals with risk, disruption and deprivation	Foundational throughout UCT curriculum. Our focus is however also on occupational potential, development, choice, consciousness and other constructs of relevance to the African developmental context.

1.3. Policy and service drivers

Recent policy directives such as the government strategy of "a Long and Healthy Life for all South Africans", the National Development Plan (NPC, 2012), the National Health Insurance plan and the implementation of primary health care re-engineering in South Africa (Pillay & Barron, 2011) play a role in determining the contextual relevance of professional education programmes. A significant strength of the UCT OT programme is its embeddedness within the Department of Health and Rehabilitation Sciences[5]. The multi professional positioning including strong collaboration with the Division of Disability Studies provides collective support in navigating the impact of these drivers on both the educational and the service platforms.

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[4] See Lorenzo T, Duncan M, Buchanan H, Alsop A (2006) *Practice and service learning in occupational therapy*. John Wiley & Sons Ltd for an thorough expose on the evolving UCT OT Division approach to education.
[5] See Hartman et al (2012); Amosun et al (2012) and Lorenzo et al (2006) for recent publications (including authors from the Division) explaining more about the FHS, DHRS & Division of OT educational processes.

1.4. Faculty and departmental drivers

The Faculty of Health Sciences was restructured in 2001. Eleven departments were formed through a number of mergers between forty-two departments. The eleven Departments fall under 5 new Schools, one of which is the Department of Health and Rehabilitation Sciences (DHRS). The DHRS is made up of five divisions. Three of these divisions offer 4-year undergraduate programs to 653 students in Audiology, Occupational Therapy, Physiotherapy and Speech-Language Pathology. Postgraduate programs are offered to approximately 72 within these divisions. In addition, Disability Studies as well as Nursing and Midwifery offer postgraduate studies to an additional 65 students. The Occupational Therapy Division currently has 199 undergraduate students in the regular program, and 7 in the Intervention Program. 23 postgraduate students are registered, of which 19 are in the M.Sc.OT program and 4 are registered for PhD's.

The Divisions in the DHRS share administrative and governance structures, as well as technical and human resources (See Figure 1). Substantial effort is directed at creating an optimum climate of inter-professional collaboration and acquiring the resources needed to adjust the work of the five divisions to create a strategic, resilient, viable and productive department. This goal is being achieved through shared learning modules, practice and research initiatives. The management structure presented in Diagram 2 provides an overview of the managerial infrastructure supporting the work of the Division of Occupational Therapy in offering a robust educational programme.

1.5. Issues arising from previous evaluation

The Division of Occupational Therapy was last evaluated in 2006. The following issues were identified during that process:

- The fact that all staff members were female, with none of them being Xhosa speakers*
- Student & Staff Diversity was generally problematic*
- Staff members were over-worked and over-extended
- Commended for capacity Building & academic excellence
- Flat leadership structure with limited opportunity for advancement*
- The need for a caring ethos (including for the head of team)
- Time for strategic thinking viewed as seriously compromised*
- An intake of 64 First year students in 2004*
- A previous evaluation in 2000 had identified the need for 2 additional posts. This had not yet

materialized in 2006

- In-adequate Role models for students in Clinical Practice*

- Limited assessment as part of the broader PHC context

- Limited emphasis on assessment in written paper examinations

- Need for a permanent community placement for multi-professional purposes*

- Inadequate Supervision of Students in Clinical Placement*

- Evaluators suggested the appointment of three additional staff members

- Appointment of more Part-Time Clinical Supervisors*

- Urgent requirement for a Skills lab*

All concerns with an *Asterisk* (*) have been addressed to some extent.
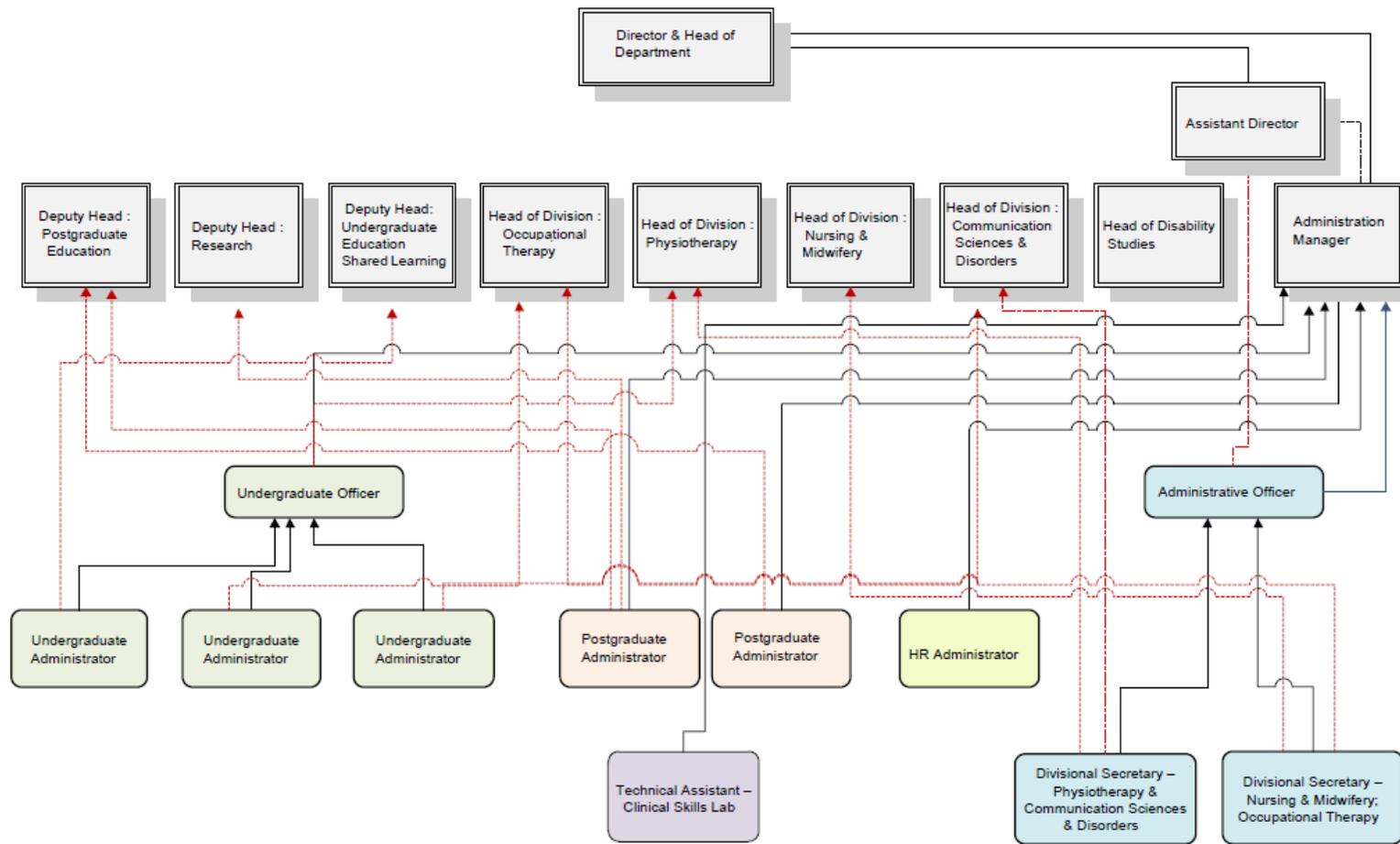
Figure 1: Management organogram of the UCT Department of Health and Rehabilitation Sciences (DHRS)
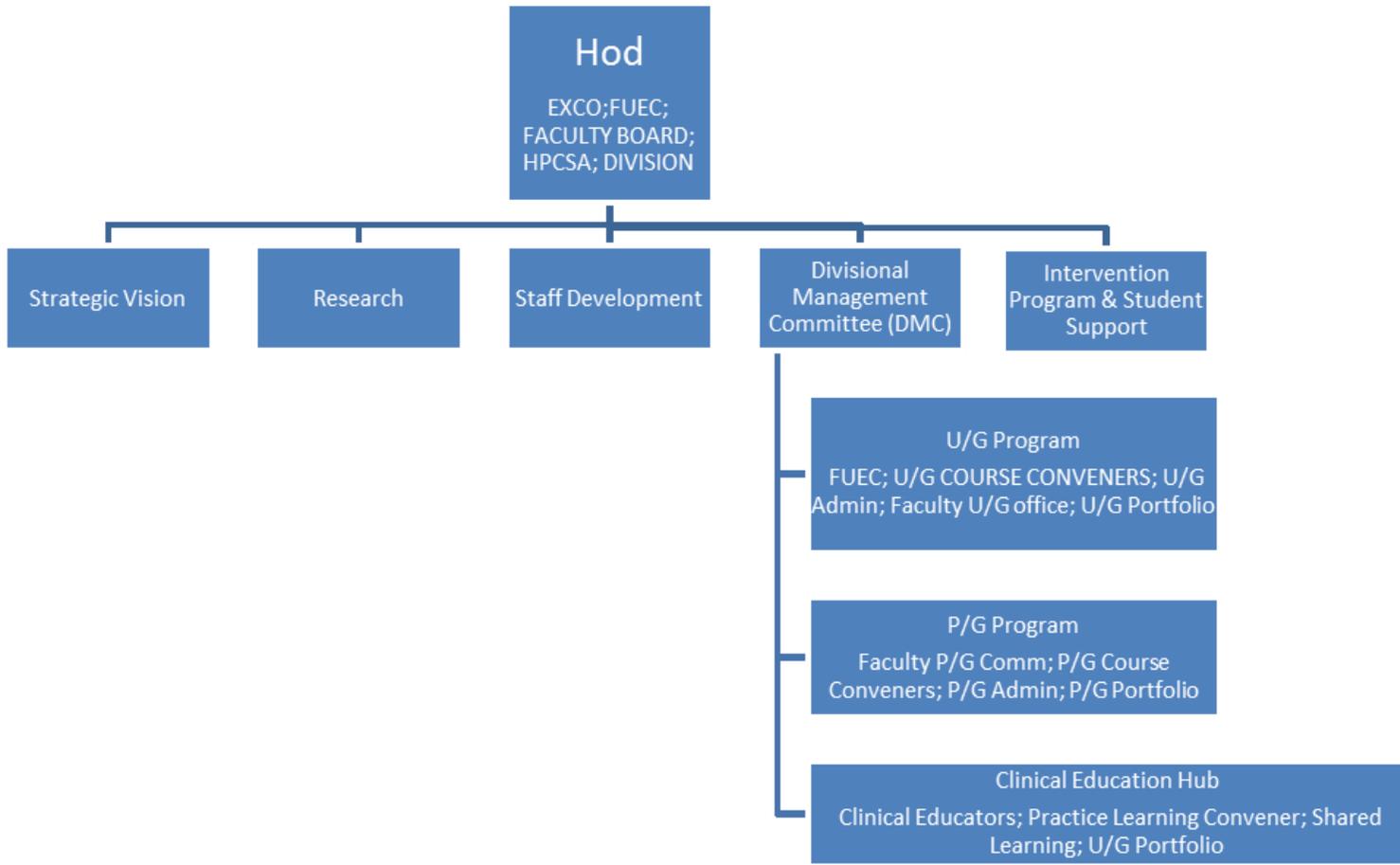
Figure 2: Management Structure of the UCT Division of Occupational Therapy

2. POSITION AND PURPOSE

The UCT Division of Occupational Therapy directs its business towards a strategic vision and purpose; both of which are aligned with the Faculty and University Mission Statements. Our positioning is informed by international, regional and national policy frameworks (for example the MDG's, the UNCRPD and the WHO CBR guidelines) and our purpose is to endorse the SA Constitution in our values (social inclusion, democracy, equity, Ubuntu, dignity, prudence and freedom) and mission (adapted from Coleridge, 2011):

- resist dominance
- enable participation
- support identity
- advance development
- promote justice
- develop competence

Our strategic focus is on human, social and academic development[6] and on promoting the health and well being of individuals, groups and communities in the contexts where they work, play, learn, live and socialise. The Division supports the integration of knowledge from occupational science, humanities and biomedical sciences in substantiating occupational therapy practice. The strategic focus is achieved by preparing graduates who are confident in learning about and applying human occupation as means and end. Drawing from and building on postgraduate research done by members of staff, an evolving body of occupational constructs guides thinking and visioning in the Division: occupational justice, choice, potential and consciousness.

Figure 3 depicts the position and purpose of the UCT Division of Occupational Therapy in relation to its values, mission and strategic focus.

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[6] Development is understood from two perspectives: the individual and the social. Firstly as a life course process synonymous with bio-psycho-social maturation and the evolution of individual human potential and secondly as a socio-political community process concerned with democracy, social inclusion, justice, equity and human rights.

DIVISION OF OCCUPATIONAL THERAPY POSITION & PURPOSE
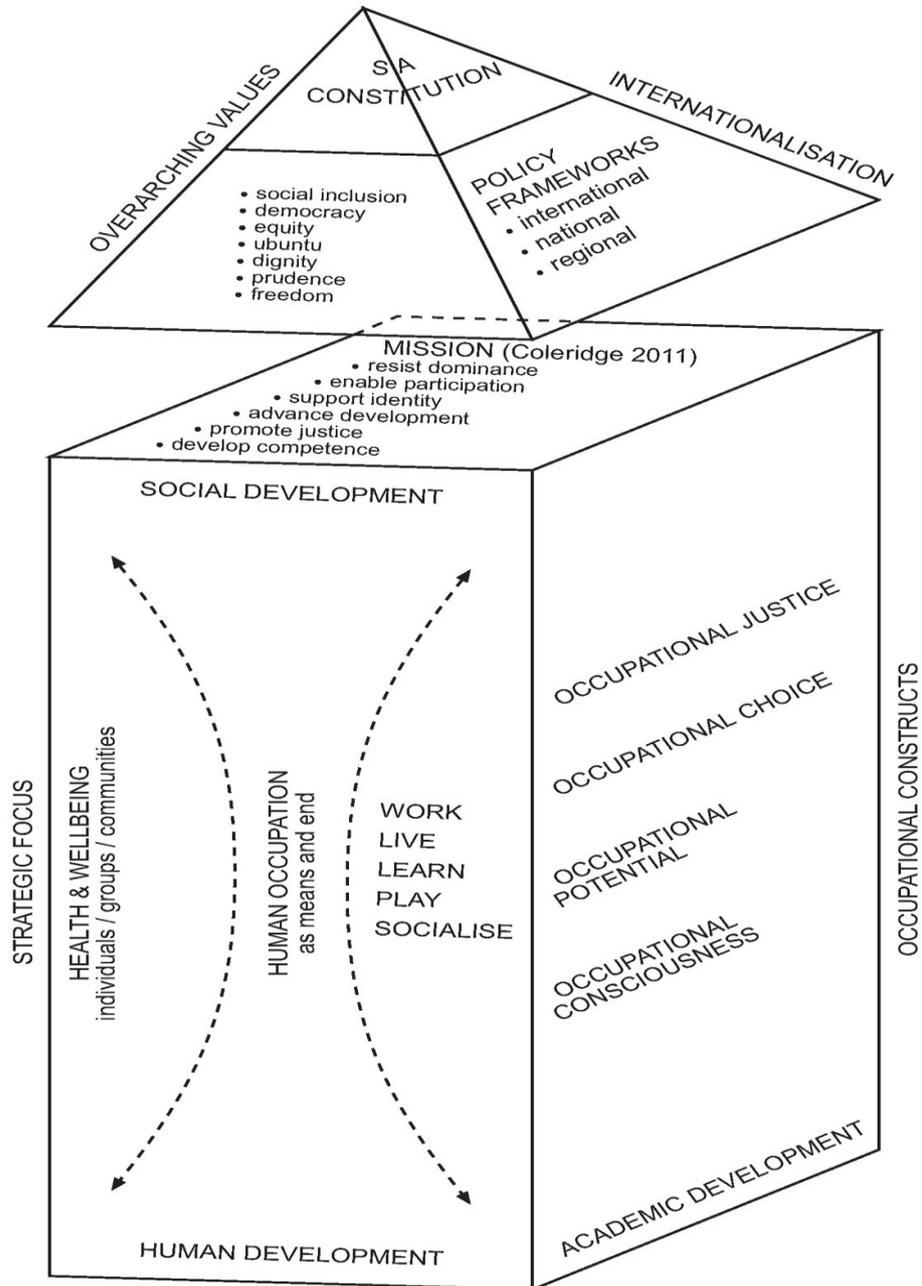
Figure 3: Position and Purpose

3. TRANSFORMATION: DIVERSITY AND RECRUITMENT

Since the last HPCSA evaluation in 2006, the Division of Occupational Therapy at UCT has made substantial progress in aligning its strategic vision, purposes and objectives with the vision of the DHRS and the Faculty of Health Sciences. It has directed much of its work in the five years towards:

• the Africanisation of the undergraduate curriculum,

• the advancement of research-led teaching and service,

• incorporating international trends in occupational therapy towards occupational rather than predominantly medical perspectives of health and development needs,

• deconstruction of dualistic (psychiatric/physical) understanding of the occupational human,

• advancing clinical, population and professional reasoning as foundations for critical thinking,

• adoption of the primary health care philosophy and an occupational perspective of public health,

• development of new practice paradigms matched to rapidly changing service platform demands.

The Division is characterized by a group of academics who are committed to social transformation processes. Consequently, the team strives to embrace the values and mission reflected in the curriculum purpose and position in its way of relating within the team, with colleagues, students and other stakeholders. A transformation orientation binds and guides the team as a collective, despite the sub-division into practice clusters. UCT Division of OT strives to be a place where individual stories matter and where staff members are not only responsive, but also proactive in facilitating learning and development. Students and staff are conscientised about socio-economic, political and contextual realities influencing professional practice through regular engagement with current affairs (for example, attending public sectors hearings in Parliament) and are encouraged to think critically in this respect. In particular, postgraduate students contribute to professional leadership in their respective practice settings[7].

The Division strives to effect transformation in a way that reflects an African conceptualization of human occupation and occupational therapy practice. While holding these ideals, the staff actively work towards creating a supportive environment for student and staff development. Within the team, individual interests and strengths are accommodated as best as possible. Individual and collective accountability exists whereby staff members can hold each other accountable, with respect to collegiality, openness and

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[7] Refer social responsiveness: Point 5: UCT OT Afropolitan Project.

commitment to helping each other improve. A space for reflection and conversation is prioritised. The competing demands of research contrasted with student development are carefully balanced.

Transformation endeavours are also located in ideologies and knowledge construction. Rather than aiming to achieve a positive, singular interpretation of knowledge, the UCT OT Division values the existence of multiple realities reflected in multiple truths. To this end multiple interpretations of practice and theoretical constructs co-exist. This is evident in the curriculum which encourages students to use a range of practice models and also the diverse research foci of academic staff. Each staff member's contribution to knowledge production is revered and nurtured through the collective. Knowledge is not reduced to a commodity, but viewed as a powerful mechanism for facilitating individual and professional change, which can be socially responsive. Given this position, staff and students endeavour to disseminate research in a variety of modes which renders it more accessible – such as web-sites; policy briefs; academic and popular press publications[8].

3.1. Diversity: race and gender

Our understanding of diversity derives from the appreciation that South Africa is a constitutional democracy made up of people with different beliefs, values, backgrounds and worldviews. We also recognise that South Africa carries one of the highest economic disparities in the world, and that we are a country with a brutal legacy of apartheid which sought to divide people according to race. During and post-apartheid occupational therapy as a profession, like many other professions in South Africa for which a degree in higher education is a pre-requisite, drew its potential candidates from a small sector of the broader society. For occupational therapy, the majority of graduates have historically been female, white and middle to upper class. One of the profession's major social redress challenges lies in meeting the constitutional imperative of widening access to historically excluded people.

The Division has long acknowledged the need to address the racial and gender imbalances within its staff and student profiles and efforts have been made to address this. These efforts have been made in line with the university and faculty admission policies that seek to broaden access to higher education for all (Price, 2011). The Faculty of Health Sciences at the University Of Cape Town has been explicit about considering race along with academic performance criteria for admission. The UCT Division of Occupational Therapy also recognises that diversity contributes to excellence, and includes disability as a noteworthy criterion. An orientation to occupation centred practice requires that diversity is well

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[8] Ms Matumo Ramafikeng part time clinical educator and PhD candidate, recently won an international award for development of a UCT Open Learning Resource on OT Models.

understood and represented in our staff, student and curriculum offerings. Strategies for recruitment include outreach to deep rural areas, as well as previously disadvantaged schools, particularly in the Western Cape. Also, in 2009 the Division, along with other divisions in the Department of Health and Rehabilitation Sciences, allowed candidates with Mathematics Literacy, instead of Mathematics to be considered for entrance into its undergraduate program for the first time. Table 1 depicts the changes since 2008 in the racial and gender representation amongst the UCT OT student profile.

Table 1: Racial and Gender Representation in the UCT OT Student Profile
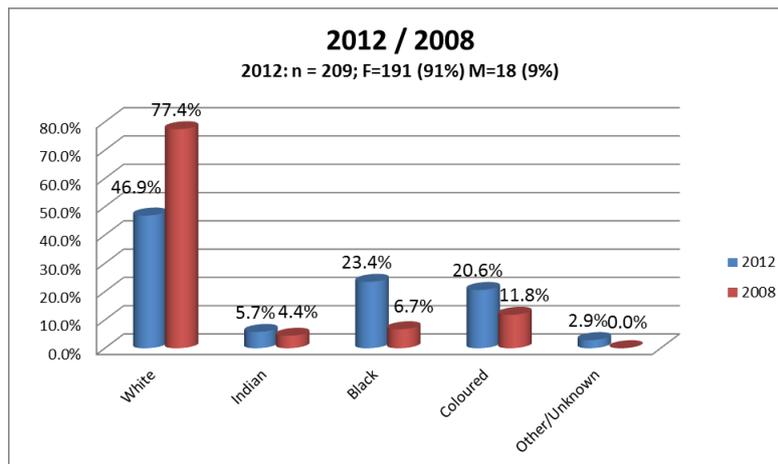
While significant gains have been made in reducing both racial and class under-representation in the undergraduate program, much attention is still needed to address the prevalent gender imbalance. However, since 2010, the division has been able to attract 7 male students on average amongst its intake of 57 students. The challenge has however been around retaining these students as the class progresses from one year to the next. Student male attrition has been linked to poor male representation among staff, as well as possibly female dominated perspectives in the curriculum. Male students often leave the program to study either MBCHB or Engineering.

3.2. Diversity: undergraduate academic performance

In the next section of the review report, we present a series of tables to depict student demographics in terms of admission criteria and academic performance over the past four years (2008 to 2011).

Table 2: Mathematics Categories
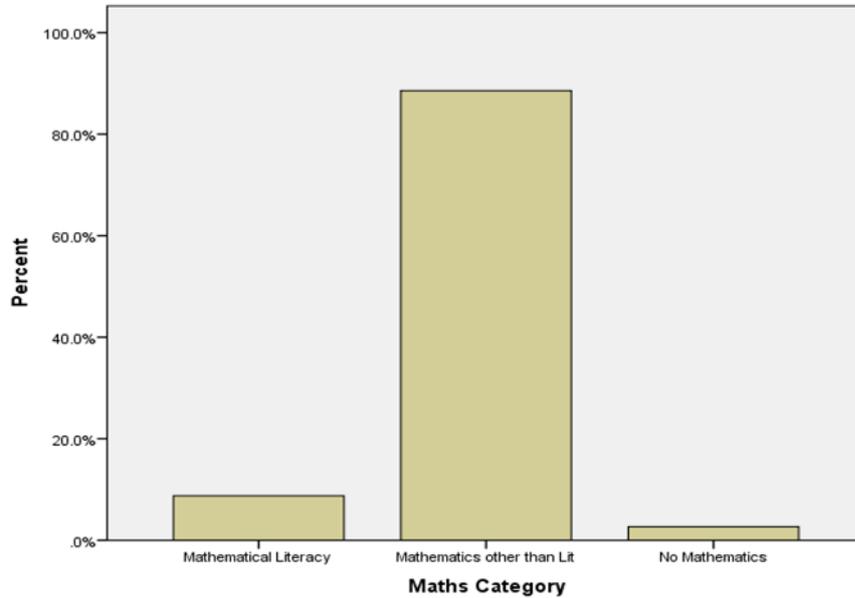
Table 2 indicates that 84% of the UCT OT student body are admitted with mathematics; just under 10% with maths literacy and about 3% with no mathematics. The latter reflects mainly international students with a mathematics equivalent course not easily captured as either mathematics or maths literacy. The implications of these statistics become evident when throughput and the possible reasons for failure within the programme are considered.
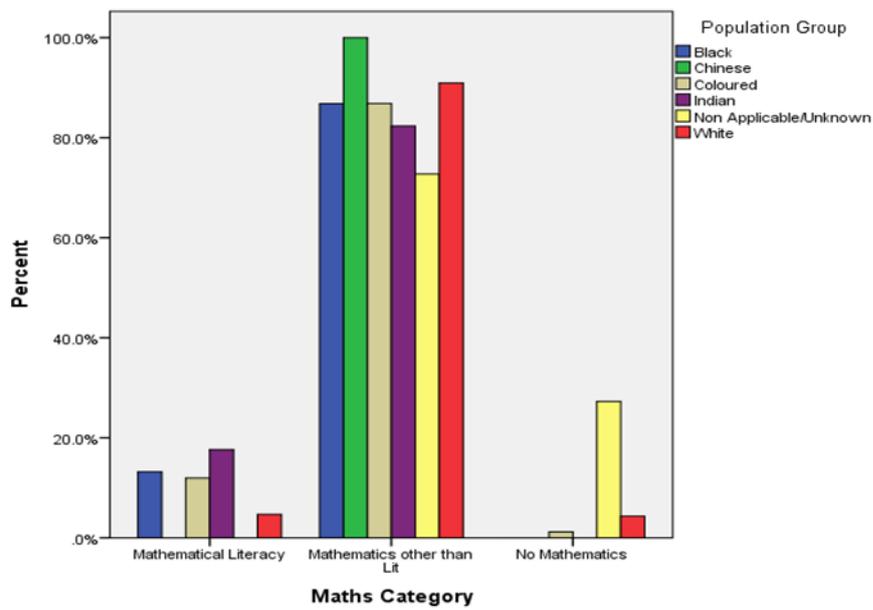
Considering UCT admission policy and mathematics as an assumed indicator of student preparedness, attention is paid to maths category per race group as depicted in Table 3.

Table 4: Throughput Rates: Overall Pass/Fail
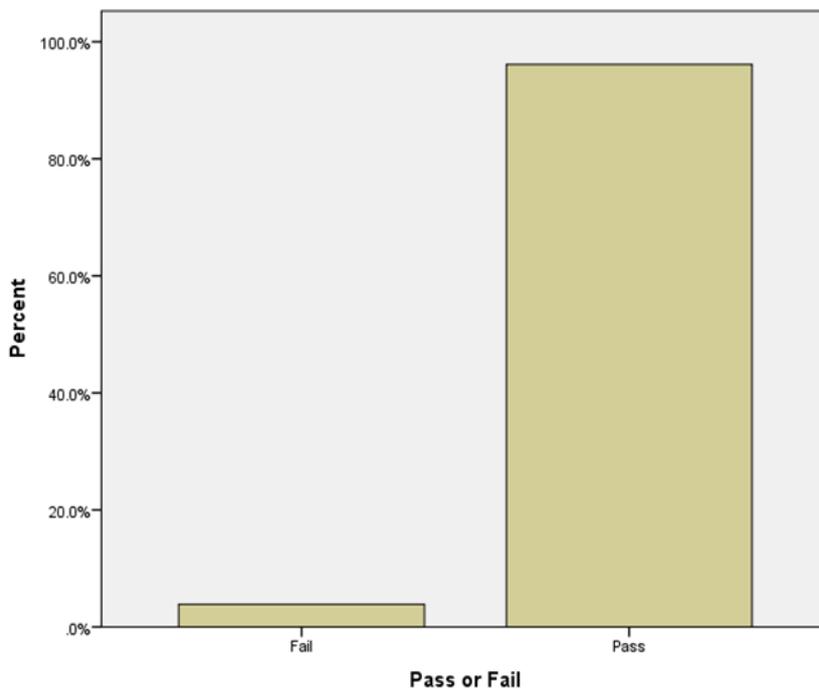
Table 4 indicates that the UCT OT programme over the past four years has had a throughput rate of 98% which means that the majority of

students complete the degree in the required amount of time.

Table 5: Pass/Fail Rate Per Mathematical Category
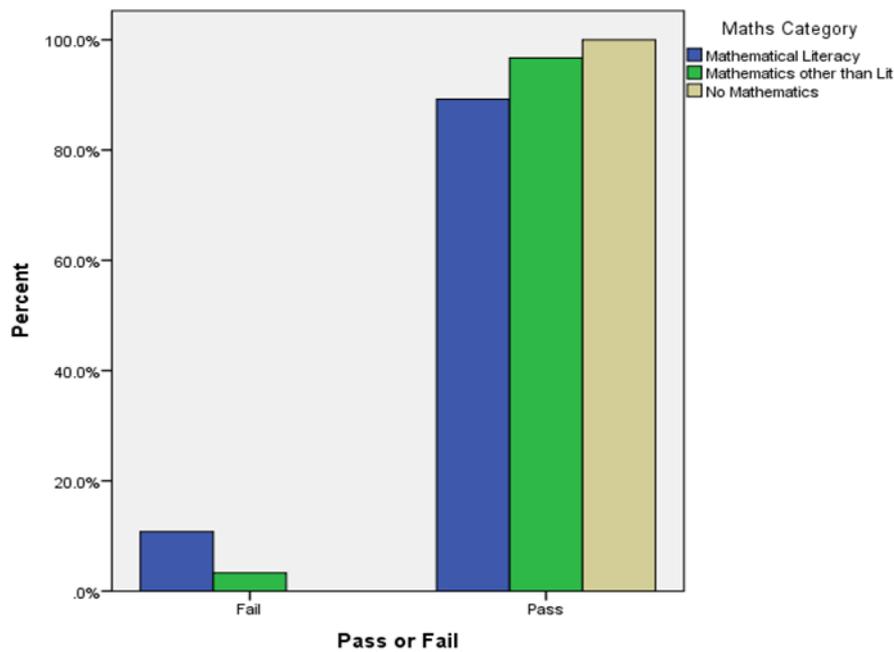
Table 5 indicates that the majority of students who fail entered the programme with maths literacy. Conversely, entering the programme with mathematics was not a guarantee of passing as a third of failing students had met the required entry symbol for mathematics.

Table 6: Pass/Fail Rate Per Academic Year
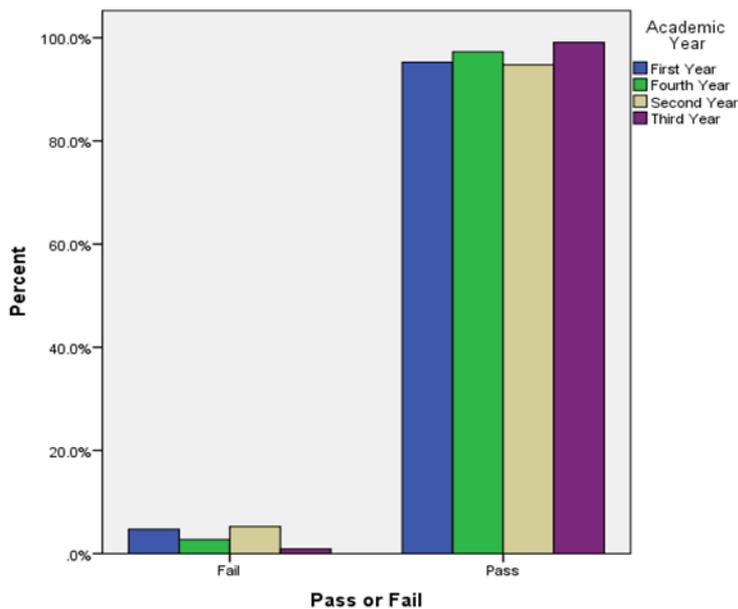
Table 6 indicates that students are slightly more vulnerable for failing in second than in first year with both these years having just under 50% higher rate of failing than the senior years.

Table 7: Pass/Fail Rate Per Population Group
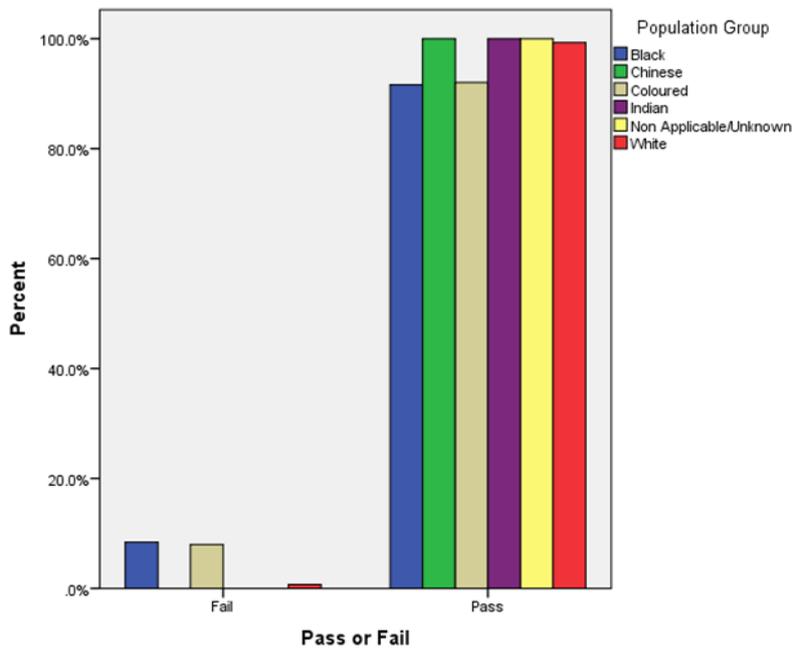
Table 7 indicates that of those students who fail in the UCT OT programme, the majority are Black or Coloured.

Table 8: Symbol Per Mathematics Category
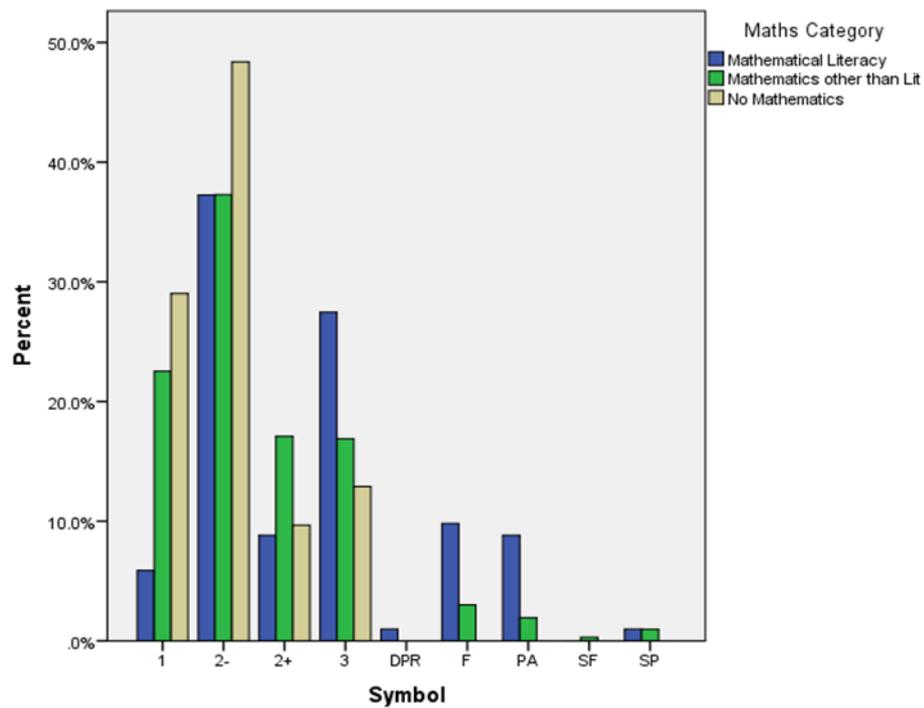
Table 8 indicates that the majority of students who obtain first and upper second (2+) as symbols in examinations entered the programme with mathematics or are international students with a mathematics equivalent course not easily captured as either mathematics or maths literacy. Conversely, there are a few students with maths literacy who manage to obtain both first and second symbols in examinations.

Table 9: Symbol Per Academic Year
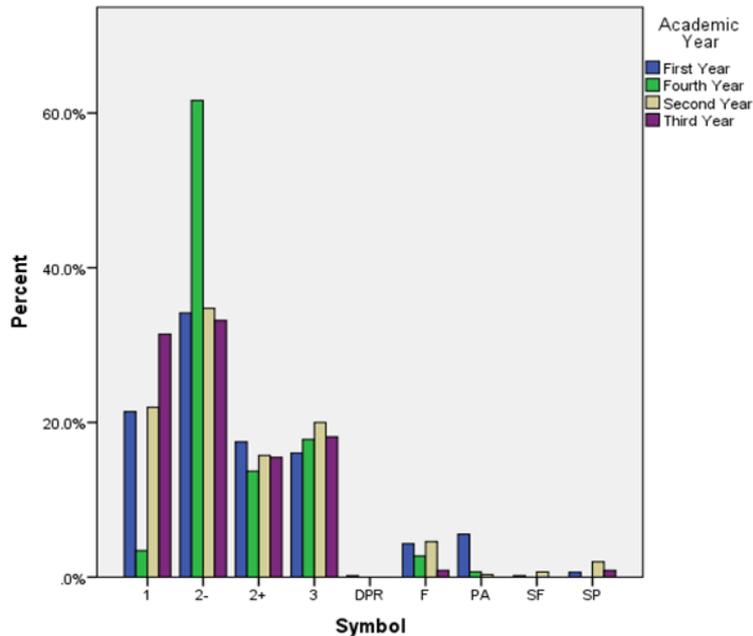
Table 9 indicates that while senior students generally obtained higher symbols, final year students rarely obtained a first for their examinations. Third year students on the other hand achieved a first with greater ease than all the other years.
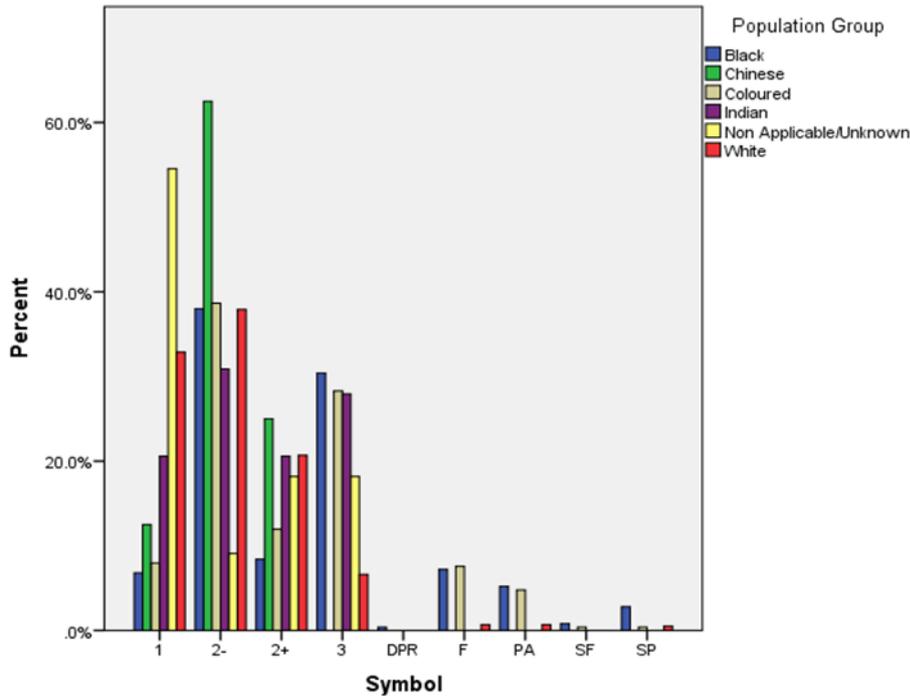
Table 10 indicates that of those students who obtain a first in examinations in the UCT OT programme, less than a third is Black or Coloured.

In summary, tables presented above point to a few conclusive remarks:

- Neither is Mathematics as an admission requirement a guarantee for successful performance nor Maths Literacy an absolute indicator for poor performance. Other factors seem to be at play to determine success
- The new curriculum (Rolled out only up to the 300 level at point of data collection) appears to identify students at risk early, translating in better through-put rates with progression.
- The majority of students who perform poorly in the UCT OT Division are Coloured or Black

3.3. Diversity: post graduate student profile

The number of students enrolled for postgraduate studies is provided in Table 11 below.

Table 11: Postgraduate Student Profile

Degree	White	Coloured	Indian	Black	Other SADC countries	Total	Expected graduates
MSc by coursework	6	3		1	8[**]	*18*	*5*
MSc by dissertation	1[*]	0		0	0	*1*	*0*
PhD	2	1	1	0	0	*4*	*2[#]*
Total	*9*	*4*	*1*	*1*	*8*	*23*	*7*

* Has applied to upgrade to PhD
** Countries include Botswana, Lesotho, Namibia, Swaziland, Tanzania and Zimbabwe
\# 1 graduated in June

Six of the registered students are male (MSc by coursework and MSc by dissertation).

Critical issues: transformation

- Maths literacy should continue as an option for fulfilling entrance requirements with ongoing review of throughput data to inform pro-active academic support

- It is hoped that the new curriculum which has only been rolled out at the 400 level in 2012 will translate in less student failure in the final year.

- Gendered profile of students

- Generation of Southern theories that reflect local occupational therapy practice contexts

- Demand for research and postgraduate growth while maintaining full undergraduate programme

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4. ACADEMIC STAFFING

The Division currently comprises 16 permanent academic staff, 8 of which are part-time clinical educators.

All except 1 member of staff are on UCT conditions of service.

4.1. Staff profile and functions

Table 12 captures the <u>primary</u> academic functions, research and practice interests and current development of permanent academic staff.

Table 12: Academic Staff Profile and Primary Functions

NAME	RANK & QUAL	ROLES and RESPONSIBILITIES	RESEARCH & PRACTICE NICHE	CURRENT DEVELOPMENT
Elelwani Ramugondo	A/Prof PhD (OT) MSc (OT) BSc (OT)	Head of Division Course Convener: AHS 5015F Course Co-Convener:AHS5018F Co-convenor of Child Learning Development & Play (CLDP) cluster Postgrad Supervision: • PhD: 4 (2 external) • MSc OT: 5 • MSc Nursing: 1 Undergraduate research supervision: 1 Member of DHRS Exco	Promoting Childhood Play in Context; Play, Learning & Development Outcomes for Children on Anti-Retroviral Treatment; The Politics of Human Occupation	Leadership in collaborative research

Roshan Galvaan	A/Prof PhD (OT) MSc (OT) BSc (OT)	Course Convenor: AHS 1035F, AHS 1032S, AHS 5040S Co-convenor of community practice cluster Postgrad Supervision: • PhD: 1 • MSc OT: 5 Undergraduate research supervision: 1 Member of DHRS Exco Past acting HoD of DHRS	Occupational Justice; Occupational Choice; Youth; Community Development Practice; OT Curriculum and human rights Practice area: Occupation-based community development	Assessment module in Diploma in Higher Education
Madeleine Duncan	A/Prof MScOT D Phil (Psych)	Course (co-) convenor: AHS3108W, AHS4119W, AHS5016F, AHS5025S Co-convenor of mental health cluster Postgrad Supervision: • MScOT: 4 • MPhil Disability Studies: 2 • PhD: 2 (External) Undergraduate research supervision: 1 Member of DHRS research committee	Poverty, occupation & psychiatric disability Policy literacy & participatory development of deep rural communities in disability inclusive development Psychosocial rehabilitation OT education, service policy, philosophy & curriculum design	
Helen Buchanan	Senior lecturer PhD (OT) MSc (OT) BSc (OT)	Masters Programme Convenor Course co-convenor:AHS5018F AHS5025S Postgrad supervision: • MSc OT: 7 • MPhil Dis. Studs: 1 • PhD: 1 Undergraduate research supervision: 2 Leader of physical health cluster Library liaison Vice chair, DHRS postgraduate committee Skills lab committee, DHRS coursework and dissertation Masters committee	Evidence-based practice, hand therapy, measurement instruments, rehabilitation in physical health, clinical reasoning and reflection	Teaching with technology Assessment in Higher Education
Lizahn Cloete	Lecturer MSc(OT) BSc(OT)	Course Convenor:AHS2043W • Postgrad supervision MSc(OT):2 • MPhil(Disability Studies): 1 Undergraduate research supervision: 1 Divisional Book lists Disability issues related to OT.	FASD Community development Policy application in OT Educational strategies application in OT Occupational Therapy in Primary Health Care	Completing PhD 2012

NAME	RANK QUAL	ROLES and RESPONSIBILITIES	RESEARCH & PRACTICE NICHE	CURRENT DEVELOPMENT
Amshuda Sonday	Lecturer M(Early Childhood Intervention) BSc(OT)	Undergraduate Programme Convener Third year Class Convener Course convener for AHS3107W AHS3113W Assist in leading the physical health cluster CPD committee chairperson Member of Divisional Management Committee (DMC) Postgrad supervision: • MSc(OT) : 2 • Undergraduate research supervision: 1 Undergraduate research supervision: 1	Professional Role Transition in Occupational Therapy. Profound Multiple Intellectual Disability and Quality of life Inclusive Education	Registered PhD
Pamela Gretschel	Lecturer M (Early Childhood Intervention) B.OT	Fourth Year Class Convenor Course Convenor for AHS4120W Course Convenor for AHS4121W Cluster Head for CLDP • MSc (OT): 2 Undergraduate Research Supervision:1	Best Paediatric Occupational Therapy Practice. Occupational Therapy and Paediatric Occupational Therapy. Occupational Therapy and Child Learning.	Registered PhD
Eileen du Plooy	Lecturer M (O.T) B.OT	Cluster Head		

Table 13 captures the primary interests, roles and responsibilities (over and above regular teaching, supervision, service and administration associated with class co-ordinating functions) of clinical educators within the division.

Table 13: Clinical Educator Profile and Primary Functions

NAME	RANK QUAL	ROLES and RESPONSIBILITIES	RESEARCH & PRACTICE NICHE	CURRENT DEVELOPMENT

Hanske Flieringa	Clinical educator MScOT	Supervision, lecturing, tutorials and assessment in the Physical Health domain (AHS3107W and AHS2043W) Supervision of Disability in Primary Health Care – shared learning module Physical Health site negotiation Member of the Physical Health Cluster Member of the Division CPD committee Member of Clinical Education Hub Responsible for foreign trained student electives Postgrad supervision: • MSc(OT) : 1 Undergraduate research supervision: 1	Physical Health Rehabilitation – all aspects, but predominately Chronic Diseases of Lifestyle Student learning as well as Interdisciplinary learning	Completed Masters in 2006; currently looking at different avenues for furthering interest in student learning
Fadia Gamieldien	Clinical educator BScOT	Supervision, lecture and tutorials in Mental health domain (AHS2043W, AHS 3108W, AHS1032S) Shared learning supervision and mental health site negotiation Member of FHS recruitment committee Member of WCP Dept. of Health Mental Health Advisory Committee (MHAC)	Mental health and human rights. Disability as diversity Recovery and psychosocial rehabilitation Mental health Consumer advocacy Interdisciplinary teaching and learning	Registered Masters OT
Susan Landman	Senior Clinical Educator MScOT	Student supervision, lecturing, tutorials and assessment of Work Practice and Physical Domains (AHS2043W, AHS3107W and AHS4020W) Work practice site negotiation Member of Clinical Education Hub Member of the Work Practice Cluster Supervision of disability in Primary Health Care – shared learning Postgrad supervision: • MSc(OT) : 1 Undergraduate research supervision: 1	Work and employment in South Africa Medical rehabilitation	

Loren Lewis	Clinical Educator	Student Supervision, lecturing mainly on group work, tutorials and assessment (AHS2043W, AHS3018W,AHS1032S) Member of Clinical Education Hub Member of the Mental Health Cluster Supervision of disability in Primary Health Care Member of divisional student support advisory panel	Group work as a modality within occupational therapy Student learning within the mental health domain	Completed research methods course with a view to register for Masters
Nicolas Matyida	Clinical Educator	CDP Supervision, lecturing and Tutorials (AHS1035F, AHS 4021W) Shared Learning supervision for both 2nd and 3rd. Member of FHS Recruitment committee. Khayelitsha Development Forum (Sports Portfolio)	Community Development Practice Youth Activism and Development. Artforms (occupation in context)	
Tasneem Mohomed	Clinical Educator	Practice learning co-convener Student supervision, tutorials and lecturing (AHS1032S, AHS3107W, AHS4120W) Member of Clinical Education Hub Member of the Child Learning, development and play cluster Member of the Departmental Space Committee Supervision for DPHC	Child learning, development and play Development of an OT program with autistic children Effectiveness of OT program within child psychiatry	Completed Human Occupation I course as part of Masters course. To register for Masters in 2013
Liesl Peters	Senior Clinical Educator (Masters Degree)	CDP supervision and site management (AHS1032S, AHS4121W) Lecturing, tutorials and assessment in AHS1035F, AHS2043W, AHS3108W, AHS4120W Undergraduate and postgraduate research supervision Head of the Clinical Education Hub Member of the Divisional Management Committee Member of the Undergraduate Education Portfolio Module convenor for Disability in PHC	• Community development practice • Youth development • The utilisation of opportunities and its relationship with sagacity	

4.2. Staff establishment

Large class sizes (average 50) and a growing postgraduate student body is placing strain on the staff establishment in the UCT Division of Occupational Therapy. Table 14 provides a comparison of student and staff numbers in occupational therapy training schools in South Africa. The discrepancy between UCT staffing and other Occupational Therapy Education Programmes should be noted, especially in comparison with the University of Stellenbosch (US) and the University of the Witwatersrand (Wits).

Table 14: OT Staffing Establishments in SA Universities

UNIVERSITY	STUDENT NUMBERS				PERMANENT FULL TIME STAFF	PART-TIME STAFF
	Bachelors	Masters	PhD	TOTAL		
UL	161	0	0	161	6	6
UP	175	15	0	180	7	2
US	158	20	0	178	9	18
UKZN	116	25	2	143	8	0
UWC	187	3	0	190	8	1
FS	146	18	2	166	7	3
WITS	181	67	8	256	11	8
UCT	207	19	3	221	8	8

Table 15 provides comparison of student numbers and staff in DHRS Divisions and shows a discrepancy in available posts. The Divisions in DHRS are effectively all under-resourced in relation to student numbers in the context of all other demands placed on them. A benchmarking exercise to determine student: staff ratios in Departments hosting Rehabilitation Professionals in South African Institutions of Higher Education (IHE) is critical in order to develop acceptable norms.

Table 15: Staff Establishment Comparisons in DHRS

DHRS DIVISIONS	STUDENT NUMBERS				PERMANENT FULL-TIME STAFF	PERMANENT CLINICAL EDUCATORS
	Undergrad & Postgrad Professional	Masters by coursework (Mini Dissertation)	Masters (Full Dissertation)	PhD		
Communication Sciences & Disorders	216	-	25	6	8	7
Occupational Therapy	207	18	1	4	8	8
Physiotherapy	218	-	16	2	9	8

4.3. Staff development

The Division has demonstrated its commitment to capacity building and academic excellence as depicted in the Tables 16 and 17 below. In keeping with the University's quest to be a world-class university, and with expectations imposed by the rate for job (RFJ) process, a commitment has been made by staff to obtain PhD degrees. It should be noted that every member of staff has been working towards obtaining a post graduate qualification since 1995. The demand of the programme in relation to the staffing compliment has meant that individuals have had to take sabbatical leave in turn. Study leave can seldom be longer than a month or two at a time without impacting negatively on the rest of the team and the programmes. No-one has been able to take a post-doctoral sabbatical to consolidate and disseminate new knowledge.

Table 16: Development Trajectories: Fulltime Staff

	ER	RG	MD	HB	LC	AS	PG	ED
1997			Registers for MSc					
1998	Registers for MSc	Registers for MSc						
1999			Obtains MSc	Registers for MSc				
2000	Obtains MSc	Obtains MSc						
2001				Obtains MSc				
2002				Registers for MSc				
2003								
2004	Registers for PhD	Registers for PhD	Registers for PhD		Obtains MSc	Obtains M(ECI)	Obtains M(ECI)	
2005								
2006				Registers for PhD				
2007/8								
2009	Obtains PhD		Obtains PhD					
2010		Obtains PhD						
2011				Obtains PhD		Registers for PhD		
2012							Registers for PhD	

Table 17: Development Trajectories: Clinical Educators

	HF	LP	FG	LL	TM	NM	SL	tbc
2006	Obtains MSc							
2007							Registers for MSc	
2008		Registers for MSc						
2009							Obtains MSc	
2010								
2011		Obtains MSc						
2012			Registers for MSc					

4.4. Staff development opportunities in education

In addition to obtaining postgraduate qualifications, staff members in the Division are registered with the HPCSA and are CPD compliant. They regularly participate in in-service teaching and assessment development. The FHS Educational Development Unit (EDU) offers:

- a **post-graduate diploma in Health Professions Education** to Health Sciences Faculty staff
- a **Clinical Educator short course** over 18 weeks equipping CEs with knowledge of theory and skills needed for educating students in practice learning environments [9]
- **new academic orientation programme** focuses on faculty-specific orientation in relation to new philosophy and approaches to curriculum development.
- **workshops** on education development lead themes identified by the EDU

The Centre for Higher Education course (US, UCT, UWC) provides further training for educators. Multiple other development opportunities arise on a regular basis in the UCT community including making use of advanced teaching technologies, library resources and attending open lectures and seminars.

4.5. Staff research and productivity

Staff in the Division are actively engaged in their own research and in supervision of under and post graduate research. Most staff have secured research grants from a range of funding sources including NRF

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[9] See Appendix 7 for clinical educators course curriculum

and external agencies such as SANPAD and Mellon. Strategic alignment with UCT lead themes for research are indicated in Appendix 4. A list of staff publications is available in Appendix 5.

Critical issues: academic staffing

- Staff under-capacitation in terms of numbers in light of research, teaching & other demands
- Demands of Rate For Job (RFJ) particularly with regards to teaching vs developing a research profile
- Volatile service platform & growing student numbers: pressure on staff: student ratios for clinical supervision
- Gender and racial profile of staff requires on- going attempts to redress
- Work practice: staffing gap recently filled.

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5. UNDERGRADUATE BSc PROGRAMME

5.1. Purpose and outcomes

The first purpose of the BSc. O.T qualification is to produce confident, visible and influential generalist occupational therapists that have the knowledge, skills and attitudes that will help change people's lives through human occupations that are appropriate to their environment, background and health needs.

The second purpose is to produce occupational therapists who are socially responsible, knowledgeable and well skilled to practice as generalists in a variety of sectors including all levels of the public health service, through the primary health care approach within an African context as appropriate for individuals, groups and communities according to national health priorities. This qualification aims to make a significant contribution in redressing previously disadvantaged groups**.**

5.2. UCT OT graduate profile

The University of Cape Town occupational therapy graduate will be:

- a therapist who appreciates contextual barriers and opportunities for occupational engagement and is equipped to use occupation and other relevant modalities as the means of promoting participation in life.

- a lifelong learner and reflective practitioner who applies clinical reasoning in all its five types as well as inductive, naturalistic inquiry to generate understanding about humans as occupational beings in health and in ill-health

- a health service provider who endorses the theoretical and philosophical base of person-centred occupational therapy through appropriate actions aimed at meeting the health and occupational needs of individuals, groups and communities

- a skilled, basic grade practitioner who is able to apply an occupational therapy process in a variety of settings and in different sectors of the public service with individuals, groups and communities across the lifespan according to the primary healthcare philosophy

- an effective team worker who has the ability to create, nurture and optimise opportunities including environmental adaptations for the development of human potential through occupation, particularly disabled people and persons who are developmentally and occupationally at risk

- a self-motivated administrator who is committed to collaborating with others in a spirit of collegiality in developing, interpreting and implementing policy

- a professional who complies with the ethics, norms, values and standards of the occupational therapy profession with due consideration of indigenous African worldviews

- a socially engaged citizen who is committed to the affirmation of diversity and transformation of society through addressing occupational justice

5.3. Programme structure and content

Following a directive from the Faculty of Health Sciences in response to the HEQF, the DHRS embarked on a thorough curriculum transformation of all its programmes in 2007. The first cohort of undergraduate

students commenced the revised curriculum in 2009[10]. This was also the first year that school leavers who had undertaken the revised post-apartheid basic and secondary education curricula in South Africa entered higher education. With guidance from EDU the Division undertook a thorough overhaul of all its courses, ensuring alignment with HEOF criteria for credits, notional hours, assessment alignment and student directed learning. The Division therefore currently meets Higher Education Qualification Framework (HEQF) standards for the programme level qualification in terms of National Qualifications Framework (NQF) credits (where one NQF credit implies ten notional hours of learning)[11]. Credits are assigned to levels in the NQF (or its sub-framework the HEQF) based on the exit level of the course concerned. To demonstrate that the qualification is aligned to the HEQF, the level and credit value of all individual courses have been determined, and reported. The 2012 graduates will be the first cohort to have completed the revised UCT OT curriculum. Tables 18 and 19 provide a summary of the courses that constitute the UCT OT undergraduate programme.

Table 18: Professional Courses

PROFESSIONAL COURSES			
FIRST YEAR	**SECOND YEAR**	**THIRD YEAR**	**FOURTH YEAR**
AHS1035F Human Occupation and Development AHS1032S Occupational Perspectives on Health and Well-being	AHS2043W Occupational Therapy II	AHS3113W Foundation Theory for OT Practice I AHS3107W OT Theory and Practice in Physical Health AHS3108W OT Theory and Practice in Mental Health	AHS4119W Occupational Therapy Research and Practice Management AHS4120W Foundation Theory for OT Practice II AHS4121W Occupational Therapy practice and Service Learning.
Intervention programme AHS1038S Fundamentals of Human Occupation and Development IA AHS1044F Fundamentals of Human Occupation and Development IB			

Table 19: Service Courses

SERVICE COURSES			
FIRST YEAR	**SECOND YEAR**	**THIRD YEAR**	**FOURTH YEAR**

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[10] See Hartman et al (2012) and Amosun et al (2012) for recent publications explaining more about the FHS, DHRS & Division of OT educational processes.

[11] See Appendix 2 &3 for alignment of UCT OT education programme with minimum standards of HPCSA Professional Board for Occupational Therapists and HEQF exit competencies

PPH1001F Becoming a professional **HUB1019F** Anatomy and Physiology IA **PSY1004F** Introduction to Psychology Part I/ **PSY1006F** Foundation Psychology Part I **PSY1005S** Introduction to Psychology Part II / **PSY1007S** Foundation Psychology Part II **PPH1002S** Becoming a Health Professional **HUB1020S** Anatomy and Physiology IB	**PSY2009F** Developmental Psychology **PSY2003S** Social Psychology and Intergroup Relations **MDN2002W** Psychiatry for Occupational Therapists **HUB2015W** Anatomy and Physiology II for Health and Rehab Sciences	**SLL1028H** Xhosa for Health and Rehabilitation Sciences **SLL1048H** Afrikaans for Health and Rehabilitation Sciences **AHS3078W** Research Methods and Biostatistics I	
Intervention programme **HUB1015S** Fundamentals of Anatomy and Physiology IA **HUB106F** Fundamentals of Anatomy and Physiology IB **AHS1031S** Preparation for entry-level psychology for health & rehabilitation sciences Part I **AHS1047F** Preparation for entry-level psychology for health & rehabilitation sciences Part II			

Figure Diagram 4 below provides a summary of the course content and structure across the four year undergraduate programme. Academic support, shared learning (across programmes in the DHRS and FHS) and the intervention programme are also depicted. Figure 4 reflects the education philosophy of the Division as captured in the UCT graduate profile (see 5.2 above) and exit competencies (captured in course descriptors below) as well as in Appendices 2 more detail . Figure 4 also reflects the embedded themes that form the crux of each professional course across the four years.

- human as occupational being,
- lifelong learning,
- reflexivity,
- agency and advocacy
- evidence based practice

DIVISION OF OCCUPATIONAL THERAPY
CURRICULUM CONTENT & STRUCTURE
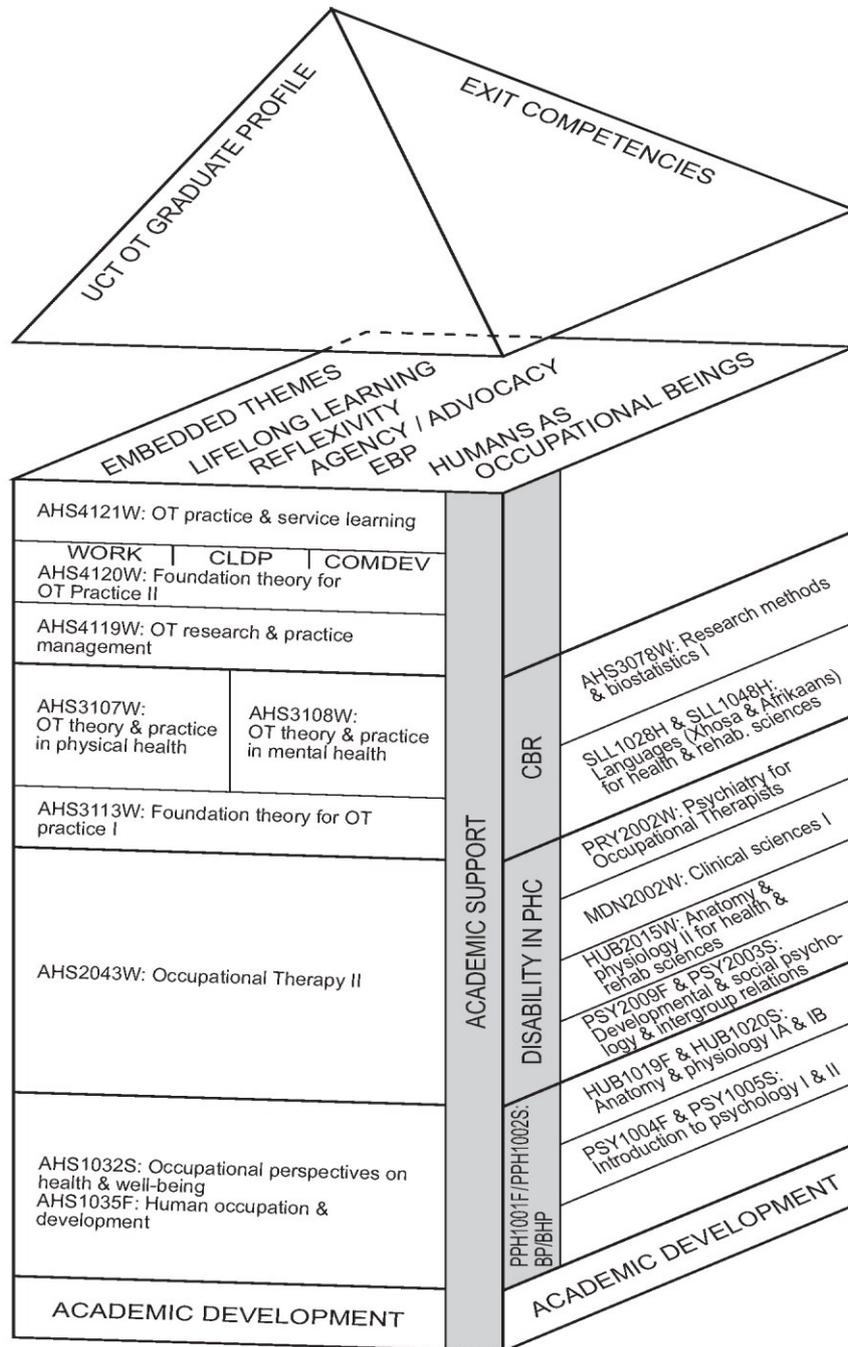
Figure 4: Curriculum Structure and Content

5.4. Education philosophy and teaching methods

Occupational therapy graduates in South Africa may start their first job working single-handedly in remote areas of the country or working without direct supervision because of shortage of senior posts. Coping with the challenges of primary health care and service development requires reflective competencies such as commitment to lifelong learning, intuitive understanding of the discipline, mature attitudes and independent, critical thought. For learning to become self-directed and a lifelong value, it should be experienced as enjoyable, liberating, relevant and challenging. We believe that students, as adult learners, are co-creators of knowledge. To this end, the Division has placed transformation at the centre of its education philosophy by encouraging a culture of "living and learning" amongst staff and students.

A combination of teaching methods is used to foster convergent and divergent types of thinking with increasing complexity as students' progress in cognitive development. Didactic teaching is kept to a minimum. Students are given prior readings to prepare for active participation in lectures. We have constructed readers for each course that provide students with sufficient structure to map their own learning pathway. Content of lectures refer to the readings and, where applicable, directly linked to practice with reference to examples from the field. Seminars/ tuts are scheduled throughout the year. Some use is made of the workshop format. Where possible expert clinicians are invited to teach so that students are kept up to date with current professional and practice developments.

Attendance at class meetings is *compulsory*. Class meetings facilitate the effectiveness and quality assurance of the courses. Students are invited to do performance appraisals on lecturers and to give feedback on the content and quality of the courses being offered[12]. Equity and diversity groups are used to explore and develop a deeper appreciation of diversity and how attitudes and belief systems influence the balance of power in relationships between people, not only in the Division but also in society and the contexts within which students and staff work. The social relevance of a profession is strongly influenced by the professionalism of its members. Occupational therapists in a multicultural society such as South Africa need attitudes and values that demonstrate cultural sensitivity and competence and a willingness to accommodate worldviews that differ from their own. They also need an astute awareness of power dynamics and the impact these have on the distribution of resources and opportunities for progress. Acquiring this understanding happens by design and not by default. The Division therefore grounds its educational philosophy in the principle of dialogue that opens the possibility for deeper listening and understanding about worldviews, values, beliefs etc.

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[12] Staff and course evaluations are done anonymously on VULA. See Appendix 8 for an example.

5.5. Integrated assessment

The Division makes use of multiple, complimentary assessment methods (eg. logs, journals, case reports, demonstrations, projects, written papers, Objective Standardized Practical Exams (OSPE), portfolio's and assignments) in order to collect quantitative and qualitative evidence of a students' progress along the competency continuum. Different dimensions of tacit, underground practice (Mattingly 1991) as well as manifest, explicit performance are assessed at different stages during formal teaching periods as well as during practice learning.

5.6. Marking criteria

A generic marking guide is used to promote reliability and validity in assessment. Biggs and Collis (1982)[13] propose a taxonomy that captures the particular quality of learning associated with a particular marking band e.g. first, upper second, fail etc. Using the SOLO taxonomy, Biggs and Collins describe the degree of structural complexity (integration of understanding) that corresponds with a particular assessment band. The Generic Marking Guide is based on the SOLO taxonomy and provides structural indicators/ descriptors for each marking band. Referring to these indicators facilitates assessor reliability and assist students in identifying the level of integration attained in their reasoning and clinical competence. In order to ensure alignment with exit competence levels, formative and summative assessments in each year are matched with each of level.

Table 20: The UCT OT Generic Marking Guide

CLASSIFICATION	% MARK	GRADE	DESCRIPTORS	LEVEL	STRUCTURAL INDICATORS
Fail	0 – 47	F	**Empty**: Very poor, clear fail, does not meet requirements for stage of learning.	0	Fundamental flaws, significant gaps in knowledge, skills and attitudes, fragmented reproduction of basic knowledge, unsafe practice; has no insight into limits of competence.
Fail-Sup	47 – 49	FS	**Weak**: Just meeting threshold standard, barely satisfactory with significant weaknesses, sup exam may be needed.	1	Reproduces with limited understanding of Inter-relatedness of concepts, unsafe practice with some awareness of professional limitations, sparse understanding of fundamental principles, rudimentary attempts at linking constructs.
Third	50 – 59	3	**Basic Competence**: Basics present but unconsolidated, obvious weakness in certain.	2	Develops structure using external frames of reference, begins to interpret evidence, fragmented uses of professional principles and judgments; attempts to substantiate actions with reference to theory.
Lower Second	60 – 69	2-	**Competent**: Sound basics , good across most domains, some aspects are strong.	3	Solid grasp of key issues and relevant application of core principles. Concrete arguments to substantiate professional judgments. Some consideration of meta

[13] Biggs JB, Collis KF (1982) Evaluating the Quality of Learning :the SOLO Taxonomy. New York: Academic Press

					theories & starting to apply critical thinking.
Upper Second	70 – 74	2+	**Strong**: Consistently good, some aspects are excellent.	4	Applies relevant theory to substantiate professional insights and judgments, misses finer points, attempts to transfer emerging insights to wider contexts, show sound ability to integrate evidence into practice.
Lower First	75 – 84	1	**Excellent**: Consistently excels across domains.	5	Very well grounded in theory and practice; evidence of interpretive, reflective and intuitive construction of practice, modifies judgments on evidence/ meta theories.
Upper First	85 – 100	1+	**Brilliant**: Far excels/ exceeds expectations; absolutely outstanding for stage of learning.	6	Exceptional coherence and abstraction, formulates new constructs, high order interrogation and reconceptualisation of practice, very high level integration between theory and practice

5.7. Course evaluations, marks moderation and administration[14]

Course evaluations form a critical element in quality assurance within the undergraduate programme in the Division. Class conveners or co-ordinators maintain an open door policy to receive any urgent concerns regarding any course within their year. Each of them also holds student meetings each term to go through all courses covered to listen to feedback from students. Minutes are taken at these meetings and specific feedback is sent to course conveners within the programme as well as for service courses. Course conveners collate these minutes over the year and draw from these to inform whole annual whole course reviews conducted during Divisional Work Away's. During 2012 online course evaluations were introduced for second as well as third year profession-specific courses (See Appendix 8) in addition.

Two examination boards are convened over the year. The June examination board is held to finalise marks for First year courses which are semesterized, as well as for the repeat Final year students if there are any. The December examination board is for all the years. Patterns of concern regarding student performance are discussed at the exam board, followed by faculty board decisions to be enacted by the department or division concerned. Feedback from external examiners is diligently scrutinized and concerns are addressed accordingly. Two to Three Test Boards are convened over the year during April, June (For year 2 to 4) and during September depending on issues raised at the June Test Board in order to continuously monitor student performance and address matters that are course related.

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[14] See Appendix 8 for examples of student course evaluations

Before each Test or Examination Board marks are moderated by the internal or external examiner respectively. Concerns that are picked up are addressed between markers, the course convener or Head of Division depending on level of contestation. Where there are minor discrepancies between the external examiner and the internal marker the former's mark is privileged. Where agreement cannot be reached after discussion (A rare occasion), and often where a definitive answer cannot reached through lack of literature backing or demonstrable differing schools of thought, a mid-point mark is taken.

The UG Hub (See Fig.2) at the beginning of each year discusses a systems flow-chart to ensure that deadlines to ensure the integrity of the undergraduate program are discussed and agreed upon. Undergraduate administrative support is critical to ensure student assessment and record completeness, accuracy as well as confidentiality. The undergraduate administrator for the Division has a system in place for filing course outlines, Objective Standardised Practical Examination (OSPE) material, as well as all student records. An electronic filing system is backed-up by hard copies. The administrator maintains a template for both formative and summative assessment for all profession-specific courses. These templates are populated as the year progresses, and regularly checked by the course conveners. Mark schedules from these templates are presented at every Test or Examination Board. The administrator keeps and updates class-lists regularly. Marks are entered directly on class lists before they are captured on Excel Spread-sheet marks schedules that are aligned with the assessment template for each course. Capturing of marks on class-lists is double-checked by internal markers, while marks captured on Excel Spread-sheet marks schedules are cross-checked by two people. The Departmental Admin manager runs regular feedback & monitoring sessions before, during and after examinations to ensure the integrity of examination processes. Errors picked up at any point in the process, an audit review of the process is conducted immediately, and corrective measures instituted.

6. FIRST YEAR CURRICULUM[15]

Course name: HUMAN OCCUPATION AND HUMAN DEVELOPMENT

Course code: AHS 1035F

Course credits: 22 **HEQF level**: 5

Course convenor: Roshan Galvaan

Course description: the course introduces students to the basic concepts that underlie occupational therapy principles, values and modes of practice. These concepts include foundational theories in the study of human occupation and development. Students develop procedural and critical thinking by exploring the occupational human and occupational behaviour in various contexts. By exploring art forms

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[15] See Appendix 9: Janse van Rensburg (2011) Doing, being and becoming a first year occupational therapy student. *South African Journal of Occupational Therapy*. Vol41(2):8-13. This article is based on research in UCT OT Division.

engaged in by people in urban as well as rural or informal   settlements students begin to appreciate the impact of the environment has on occupation. Students also engage with issues of diversity through open and constructive dialogue that aims to facilitate an understanding of inter-group relations, conflict and community.

Outcomes:

By the end of the course students will be able to:

- Describe the concept of 'occupation' and begin to understand its dimensions
- Discuss occupational therapy values and their influence on understanding people and approaches for practice
- Discuss the place of activity analysis in occupational therapy and begin to use macro-activity analysis
- Discuss the experience of doing an occupation
- Describe the role that environment plays in an occupation
- Describe and discuss human development in relation to the occupational human
- Discuss issues of diversity in relation to self.

Course reader:

Title: AHS 1035F Fundamentals of human occupation and development

Main content: The reader contains articles and chapters that introduce the students to the philosophies, and core theoretical constructs that are central to developing an understanding of the person as an occupational being, an understanding of occupation and how occupation is used therapeutically.

Syllabus:

- Basic Concepts of Human occupation
- Artforms
- Development of childhood occupation
- Issues of diversity

Products:

Art forms: Students are required to submit a group report and 2 products demonstrating a skill they have developed through participation in the selected artform. Human Occupation and Development: students will have to make a toy out of scrap material that promotes development in a given child development category.

Course Evaluation: The course is evaluated via an on-line course assessment created for each module. Students access this through Vula and complete a graded multiple choice assessment that is sent to the course and module convenor for review.

Table 21: AHS1035F - Outline of Curriculum

Module	Outcomes	Content	Assessment	Self-directed learning
Basic concepts of human occupation	As per course outcomes	Introduction to occupation; definition and parameters. The classification of occupation as well as the impact of performance components and performance components on occupation. Meaning and occupation as well as an introduction to the therapeutic use of occupation in occupational therapy.	1 x class test after the first term 1 x question in June Paper.	Readings: Christiansen C. & Baum C.M. 1997 The complexity of Human Occupation Occupatinal Therapy: Enabling Function and Well-being 2nd ed. Thorofare, N.J:Slack. Hagedorn, R. 1995. Chapter 4: The Person. Occupational Therapy: Perspectives and Processes. Edinburgh: Livingstone Nelson, D.L.1996 Therapeutic Occupation: a definition. The American Journal of Occupational Therapy. 50(10): 775-778 Pierce, D.E.2003. Chapter 18. You are what you do. Occupation by design: building Therapeutic Power. Philadelphia : F.A.Davis

Art forms	Knowledge: Describe the history, form , function and meaning of their selected artform. Identify the contextual factors that influence the availability, viability and quality of an artform Identify areas in the Western Cape where this artform is practiced and explain the similarities and differences in the execution of the artform in rural/suburbia/informal contexts Recognize the personal, socio-cultural and economic benefits of an art form Skills: Execute a detailed needs assessment of resources required in creating each of the three products Demonstrate skill and technique in the creation of three products within one art form Select, produce and evaluate an appropriate, economically viable product for a person/group within a specific community. Draw up and justify a business plan for a small business venture based on an art form Show an ability to use the action-learning cycle to reflect on key areas	Students to select an artform of interest. Students to investigate this artform in both an urban and rural/informal context. Students to participate in this artform and show evidence of a new skill/product they have developed through engagement in the artform	Students will be assessed in two parts: A group report Individual presentation	Group work Negotiating access in the various contexts

	of learning during the project compilation **Attitude:** Demonstrate sensitivity to the values people attach to their cultural heritage in art form Appreciate the importance of participatory ethics in learning about art forms in context			
Development of childhood occupation	Describe and discuss human development in relation to the occupational human	A series of lectures given covering each stage of development in relation to the development of the occupational human	Question set in June exam, it is a written paper that is 1hr 15 min long	Readings.
Issues of diversity	Discuss issues of diversity in relation to self.	Equity and diversity group	Not for examination purposes	Declaration for health and rehabilitation students going into clinical practice.
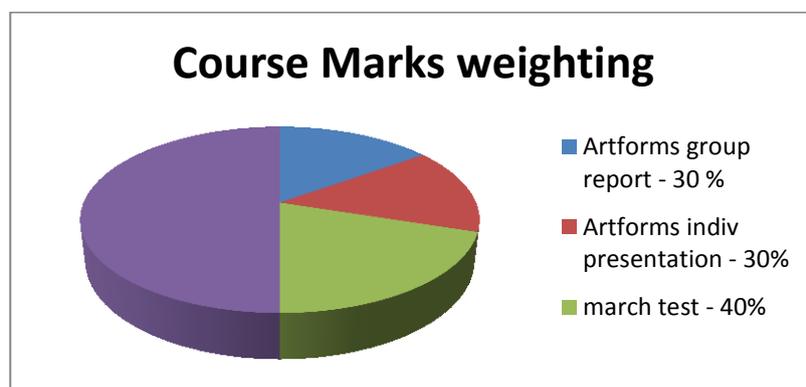
Figure 5: AHS1035F - Mark Allocation

Course code: AHS 1032S

Course credits: 20   HEQF Level: 5

Course description: This course deepens students understanding of human occupation by including an

analytical exploration of the relationship between what people do and their health, well-being and quality of health. By engaging with people of different ages in various practice learning contexts, students gain deeper appreciation of how dimensions of occupational performance in self-care, productivity and Leisure unfold across the lifespan in relation to culture, context and ability. By engaging with the narrative, students develop an appreciation of the lived experience of having a disability and how dimensions of occupational performance in self-care, leisure and productivity are impacted on by disability. Students' engagement with issues of diversity is extended to include an exploration of the role of an occupational therapist as a transformative agent. Through experiential learning, students explore ways in which an art-form can be generated into an income generating activity, whilst deepening their understanding of the role the environment plays in facilitating or hindering people's aspirations and capabilities as occupational beings

Outcomes:

By the end of the course students will be able to:

- Describe the link between human occupation, health and well-being
- Discuss various forms of occupational risk/dysfunction focussing on environmental detriments
- Describe the understanding of the lived experience of a person with a disability
- Discuss various means of enabling occupational performance
- Begin to understand the role of an OT and other role players within practice learning settings
- Begin to use our reflection and reasoning as crucial for taking control of own learning
- Turn an art form into a possible business venture

Course Reader Title: Occupational Perspectives on health and well-being

Table 22: AHS1032S - Course Outline

Module	Outcomes	Content	Assessment	Self-directed learning
Occupational performance	Students will understand how dimensions of occupational performance in self-care, productivity and Leisure unfold across the lifespan in relation to culture, context and ability – and the impact of disability on occupational performance.	Scheduled visits to various sites where learners are exposed to people with various disabilities	1 x assignment and presentation

1x question in November exam | Students are given readings and tasks to complete during 'self-study' periods. |

Microenterprise	Students will be able to compile a business plan which would provide the basis from which to assist a client to initiate an entrepreneurial venture Turn an art form into a possible business venture.	Within their respective Art form groups, students will select a product that they feel is most viable for either a rural or informal settlement. Students will select a product to build a business plan around. This contextual focus is designed to encourage students to explore resources in the community, as well as the principles of liaising, problem-solving, networking and income generation.	1 x report and presentation	Students are divided into groups and are given slots on the timetable to complete group work for the report and presentation
Human Occupation	Understand human occupational development across the life-span Understand the relationship between what people do and their health, well-being and quality of health and the impact of age and context on the person's occupational engagement patterns Understand how occupational identities may evolve from occupations people choose and orchestrate into their lives, or are forced to engage in. identify an occupation most people in an age group participate in. Take the age group and context into consideration, and identify intrinsic and extrinsic factors that may influence their choice and ongoing engagement in the occupation. Identify how this occupation may impact on later lifestyle patterns, and evolving occupational identities	An assignment given to students to investigate the occupational engagement patterns of various age-groups from various contexts.	1 x presentation	Readings to complete during self-study slots Time given for groups to investigate topic and formulate presentation.

Practice Learning	During the first year students will be required to do Practice Learning on Thursday afternoons. Each student will be placed in three "blocks", each at a different placement. Each of these blocks will be for four to five weeks. While at these placements they willbe supervised by fourth year occupational therapy students.	After each visit to a service learning placement students will be expected to make an entry in their practice learning journal. Students are also expected to attend weekly tutorials following each visit. These are organised to help students integrate theory and practice, offer an opportunity for dealing with issues that arise during practice learning and provide a space for support.	Students will be assessed on: Their practice learning Journals Their performance on site in the form of a block report Group presentations during tutorials	Readings

Assessment:

Formative assessment contributes 50% of the course mark. It consists of one class test, a practice learning journal and two projects: one on human occupation and its relation to health and well-being, and another on income- generation through an artform. Summative assessment contributes 50% of the course mark and consists of a written paper at the end of the second semester.

Products:

Microenterprise Report/product

Course Evaluation:

The course is evaluated via an on-line course assessment created for each module. Students access this through Vula and complete a graded multiple choice assessment that is sent to the course and module convenor for review.

Course Marks Weighting

- MICROENTERPRISE AX - 10%
- HUMAN DEV/OCCUPATION AX - 15%
- JOURNAL 1 -7.5%
- BLOCK MARK 1 - 2.5%
- Journal 2 -17.5%
- BLOCK MARK 2 - 2.5%
- NOV EXAM - 50%
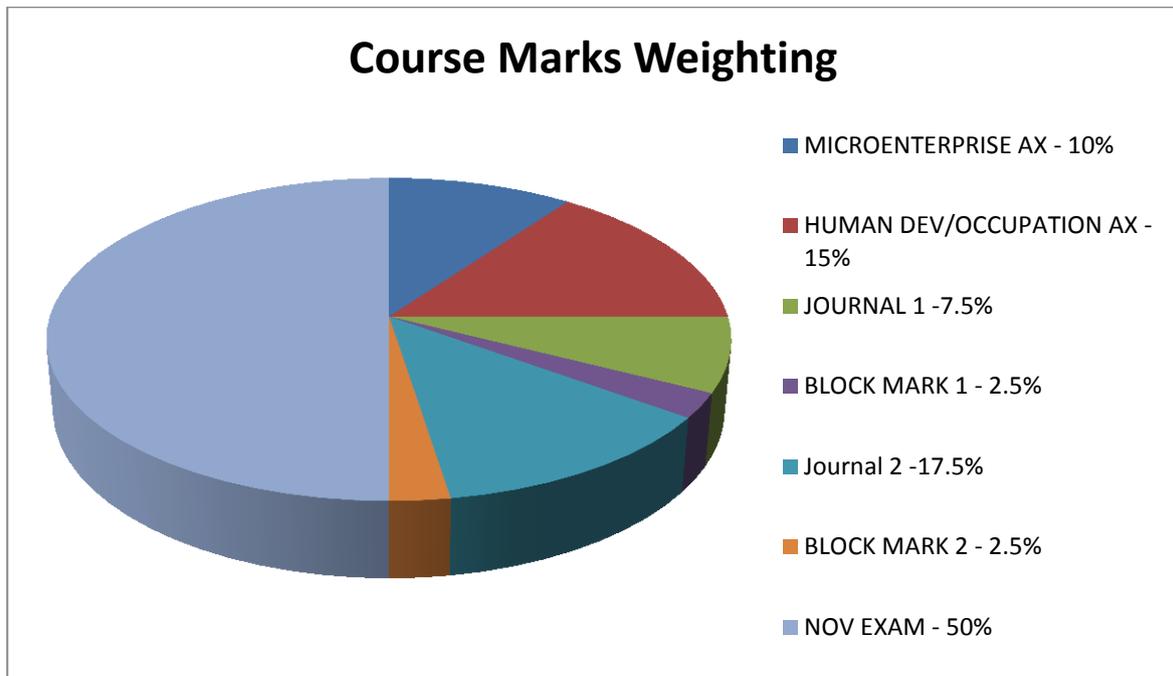
Figure 6: AHS1023W - Course Marks Weighting

Critical issues: first year

- Frequent time-table clashes with BHP, compromise on OT teaching time.

- Students start first year with a wide range of schooling backgrounds. Adjustment to university is made difficult often due to discrepancies in English literacy and academic writing.

- Tutorial groups are needed early in the year to prepare students for writing exams. A specific focus on interpreting and structuring exam questions and answers. A short tutorial on time management is also needed

- Changes in the fourth year curriculum impact on first year practice learning in the third term as there are no fourth year students on site. Fourth year supervision is critical for First years to meet learning objectives; particularly understanding the role of the occupational therapist at their respective sites.

7. SECOND YEAR CURRICULUM

Course name: **Occupational Therapy 11**

Course code: AHS 2043W

Course credits: 36   **HEQF level**: 6

Course convenor: Lizahn Cloete

Course description:

Human functioning in self-care, work, leisure and participation in valued life tasks/roles in contexts from an occupational performance and bio psychosocial performance component perspective. Occupational therapy processes and assessment techniques for identifying individual health and occupational needs, interests and capacities are mastered using a range of methods, models and theories. Biomechanics, ergonomics and kinesiology support the development of clinical competencies. Disability and theory in health promotion and community development are addressed in a shared learning module with students from other programmes within the department of health and rehabilitation sciences.

Table 23: AHS2043W - Course Outline

FOUNDATIONS	OUTCOMES	ASSESSMENT	SELF- STUDY TASKS
Disability in Primary Health Care	Demonstrate a multi-disciplinary approach as applied to Disability in PHC	Class presentation Written report to institutions and organizations	
Assessment of occupational human	1. Analyze an activity and describe its properties in relation to occupational form and performance. 2. Apply activity analysis, movement analysis, contextual analysis and occupational performance analysis in order to explain restricted and intact occupational participation and engagement.	Written assignment	

Professionalism	Apply principles of professional practice on individual, and group and community level.	Assessed in third and fourth year as part of practice learning	
Physical Practice	Analyze human movements and human environments in order to optimize occupational performance and occupational engagement.	1.Online assessment 30 marks in June 2. Ospes in June and November 2 reports (1 towards year mark and other towards exam mark)	
Work practice	Identify, conduct, interpret and record appropriate assessments of work.	?	
Mental Health	Identify, conduct, interpret and record appropriate assessments of the psycho-social aspects of the occupational human.	In class OSPE June and November OSPE	
Community Development Practice	Identify, conduct, interpret and record appropriate assessments of the context-related dimensions of human and social development.	Report Exam question in November	
Child learning and Development practice	Identify, conduct, interpret and record appropriate assessments of the learning and developmental aspects during childhood	Online assignment Exam question in November	Self- study slots on CLDP project Self-study on handwriting and cutting
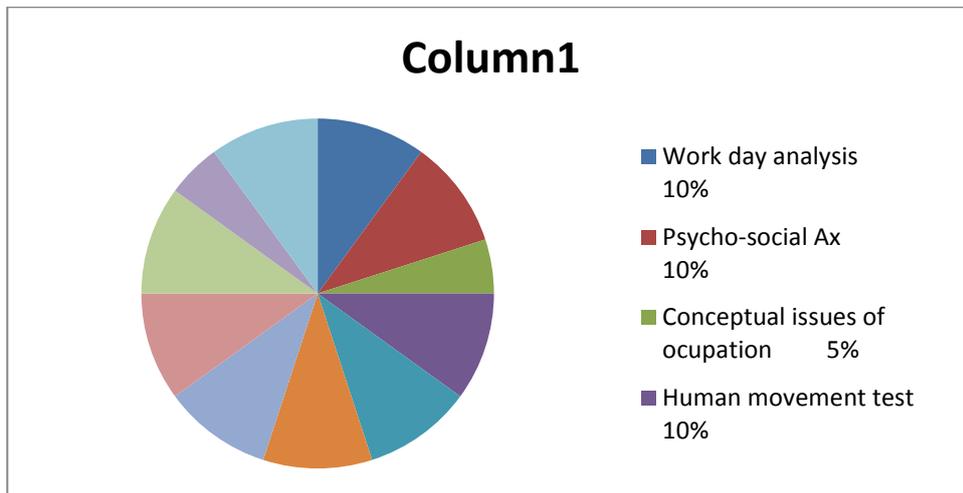
Figure 7: AHS2034W - Assessments

Critical issues: second year

- The curriculum is loaded and second year has a full timetable with little space for self-study

- Above also limits time in the Skills Lab

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8. THIRD YEAR UNDERGRADUATE CURRICULUM

Description of the course

i.   **AHS 3107W Occupational therapy theory and practice in physical health**

HEQF credits: 38   **HEQF level: 7**

Course convenor: Amshuda Sonday

Course outline:

This course will enable students to demonstrate knowledge about, and skills in, promoting physical health and well being through human occupation and in addressing the occupational implications of specific physical health conditions. The course will prepare students to develop and justify a client-centred occupational therapy plan that assists people with physical health concerns to participate in life through the everyday things that they need and want to do. Students will learn to select, apply, and interpret

appropriate assessment methods for determining performance enablers and performance components for a range of physical health conditions. Focus will be placed on developing skills in selecting, implementing and applying change modalities (including activity as means and occupation as an end) which enable performance and / or remediate performance component deficits. Students will begin to understand how policies inform service delivery and facilitate participation of people with a range of physical health conditions at an individual level.

Course outcomes:

At the end of this course, students must be able to:

- Select, apply and interpret appropriate assessment methods for determining performance enablers and performance components for a range of physical health conditions.
- Develop and justify a client-centred occupational therapy plan to address performance enablers, performance components and occupational performance as appropriate.
- Demonstrate skill in selecting, implementing and applying change modalities (including activity as means and occupation as an end) to enabling performance and remediate performance components deficits.
- Begin to understand how policies inform service delivery and facilitate participation of people with a range of physical health conditions at an individual level.

Course structure:

This course will require of students to self -direct their knowledge and skills development by completing tasks before and after coming to class.

The following thinking frame is an outline of how the course is going to be represented. It is a follow on from the assessment flow chart that was taught in second year and will be further discussed in the introductory lecture to the course.

FOCUS OF INTERVENTION

| REMEDIATE | PREVENTION/ PROMOTION | COMPENSATION | ADAPTION |

OT INTERVENTION

OCCUPATIONAL PERFORMANCE COMPONENTS			
SENSORIMOTOR COMPONENT			**COGNITIVE COMPONENTS**
Sensory	Neuromuscular skeletal	Motor	

ASSISTIVE, COMPENSATORY AND ADAPTIVE MODALITIES.
• **Assistive and rehab technology**
• **Compensatory and adaptive skills for occupational performance**

Figure 8: AHS3107W - Thinking Frame

Assessment

- Formative 50%
- Summative 50%
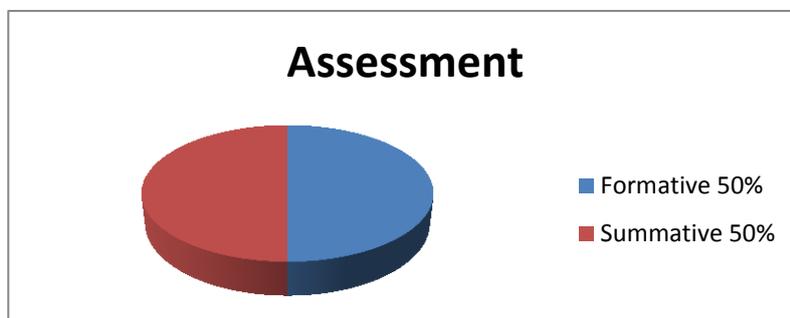
Figure 9: AHS3107W - Assessment

Formative assessments

- Block 1 dem 10%
- Block 2 case story 15%
- PL placement 1 25%
- June test 25%
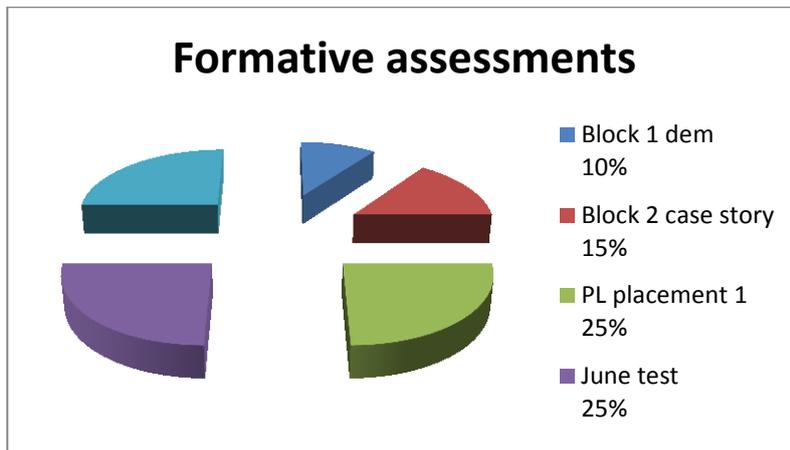
Figure 10: AHS3107W - Formative Assessment

Summative assessment

- Block 2 dem 2 20%
- PL placement 2 30%
- Nov exam 25%
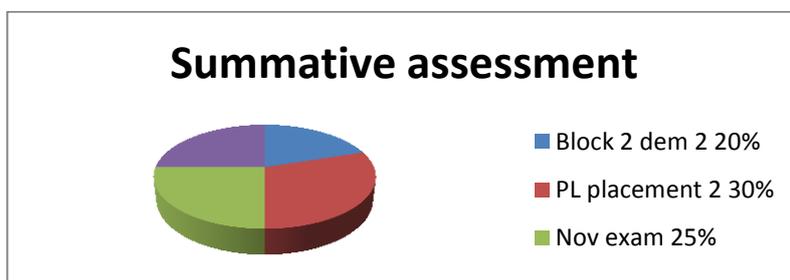
Figure 11: AHS3107W - Summative Assessment

Table 24: AHS3107W - Course Content

OUTCOME	CONTENT	ASSESSMENT	SELF DIRECTED LEARNING
1. Select, apply and interpret appropriate assessment methods for determining performance enablers and performance components for a range of physical health conditions.	Assessment of sensory and neuro musculoskeletal components.	Written paper OSPE Practice learning	Pendelton H, Schultz-Krohn W. Pedretti's Occupational Therapy Practice: Skills for Physical Dysfunction,6th ed, Mosby Inc, 2006. Occupational therapy theory and practice in physical health: Occupational performance components Reader,2012.

2. Develop and justify a client-centred occupational therapy plan to address performance enablers, performance components and occupational performance as appropriate.	Using the clusters thinking frame to prioritize the performance components from the assessment into an intervention plan.	Written paper OSPE Practice learning	Pendelton H, Schultz-Krohn W. Pedretti's Occupational Therapy Practice: Skills for Physical Dysfunction,6th ed, Mosby Inc, 2006. Occupational therapy theory and practice in physical health: Occupational performance components Reader,2012.
3. Demonstrate skill in selecting, implementing and applying change modalities (including activity as means and occupation as an end) to enabling performance and remediate performance components deficits.	Assistive and Rehab technology: Therapeutic approaches, adapted equipment, assistive devices, orthotics & prosthetics, pressure therapy. Compensatory and adaptive skills for occupational performance: Mobility training, Dominance re training, Adapted methods.	Class pracs in the clinical skills lab OSPE	Occupational therapy theory and practice in physical health: Occupational therapy Intervention Modalities Reader,2012.
4. Begin to understand how policies inform service delivery and facilitate participation of people with a range of physical health conditions at an individual level.	Case based tutorials on various physical health conditions		

Description of the course

ii.   **AHS 3113W (Previously AHS3106W) Foundation theory for occupational theory for occupational therapy practice I**

HEQF credits: 26   **HEQF level: 7**

Course convenor: Amshuda Sonday

Course outline:

This course will enable students to gain knowledge about occupational therapy models and philosophy; theories of empowerment and development; equity and diversity; and disability in primary health care. **Disability in Primary Health Care (shared learning)** is a multi-disciplinary module for undergraduate students in Audiology, Occupational Therapy, Physiotherapy and Speech-Language Pathology. The course

contributes 20% towards the year mark for the Foundations course in Occupational therapy and includes both lectures and service learning.

Course outcomes:

At the end of the course students will:

1. understand the philosophy of client centred practice
2. understand professional and ethical use of self in relationships with individuals, groups, and all stake holders.
3. demonstrate competence in following the occupational therapy process.
4. demonstrate skill in selecting, implementing, and applying activity as a means and occupation as an end.
5. understand and work effectively with diversity in context.
6. understanding the function of policy frameworks in guiding occupational therapy services.
7. demonstrate an ability to select and apply an appropriate OT practice model matched to the client.
8. demonstrate skill in documenting OT plans.
9. demonstrate skill in using the 5 modes of clinical reasoning.

AHS 3113W: Assessments

Formative

- Educational strategies 20%
- Diversity in context assignment 10%
- June paper 50%
- Disability in Primary Health Care 20%
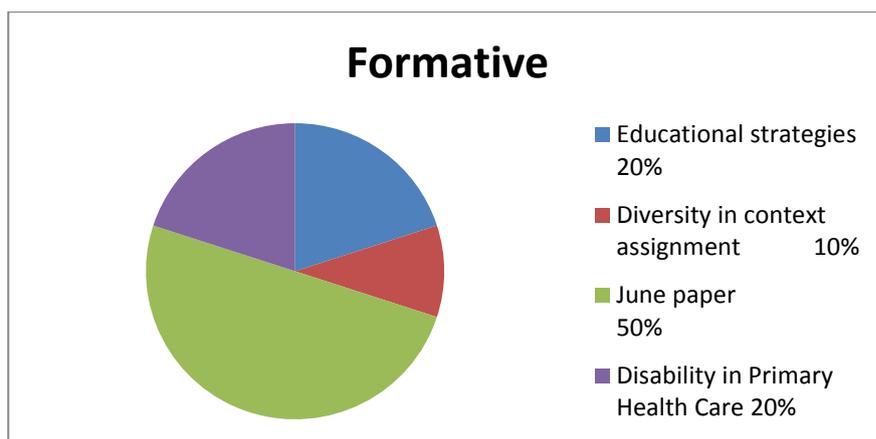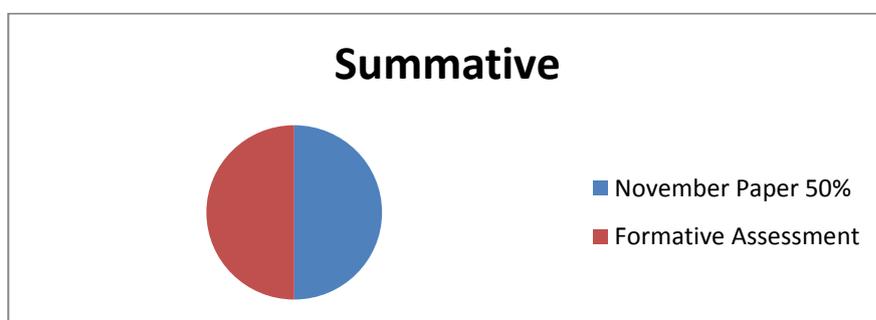
Summative

- November Paper 50%
- Formative Assessment

Outline of content for AHS3113W:

Table 25: AHS3113W - Course Outline

OUTCOME	CONTENT	ASSESSMENT	SELF DIRECTED LEARNING
Understand the philosophy of client centred practice.	Home programmes Home visits -Integrated OT focus -core purposes & components -aspects of OT practice in PHC -theoretical structures supporting OT practice -client centeredness -differences between medical, social &occupational approaches	Written paper	Hagedorn, R (1995) In search of the core In R Hagedorn (Ed) *Occupational therapy perspectives and processes.* London: Churchill Livingstone.pp 21-50

Demonstrate competence in following the occupational therapy process.	- overview of the integrated, comprehensive OT cycle (Duncan, 2005). - what is an OT process? - what procedures are Involved?: plan & prepare; initiate & perform; record & interpret; terminate & refer -case story application Scenario A (GSH: tertiary admission, 10 day stay); Scenar B (private OT practice, 3 month 1 x 50 min. session per week); Scenario C (WCRC: 3 month in-patient rehabilitation); Scenari (district OT working with HBC); Scenario E (NGO/community development project run by disabled people)	Written paper	Duncan, M. (2004) Three approaches and processes in occupational therapy with mood disorders. In R. Crouch & V. Alers (Eds). *Occupational Therapy in Mental Health and Psychiatry.* London: Whurr Publishers, pp. 207 Stein, F & Cutler, S,K. (2002) The occupational therapy process: the basis for achieving positive mental health goals. In F. Stein & SK Cutler (Eds) *Psychosocial occupational therapy: a holistic approach.* Thomson learning pp187-293
1. Demonstrate skill in selecting, implementing, and applying activity as a means and occupation as an end.	Occupation as a means and an end. Therapeutic use of activity as a means Link – Occupation and Health promotion	Written paper	McLaughlin Gray, J. (1998). Putting occupation into practice: Occupation as ends, occupation as means. *American Journal of Occupational Therapy.* Vol 52 (5) : 354 - 364
2. Understand and work effectively with diversity in context.	Intersectionality	Assignment	Yuval-Davis,N. (2006). Intersectionality and feminist politics. *European Journal of Woman's Studies*. Vol 13 (3): 193-209. Sage publications: London, Thousand Oaks and New Dehli Issue Papers on the ISMS (2002). Support documentation for the implementation of the future we want. Peel District School Board.

3.	Understand professional and ethical use of self in relationships with individuals, groups, and all stake holders.	Educational Strategies	Peer evaluated presentation Assignment conducted within practice learning	
4.	Demonstrate an ability to select and apply an appropriate OT practice model matched to the client.	Conceptual Occupational Therapy frameworks Occupational Justice	Written paper Practice learning	UCT open content: Occupation based conceptual frameworks
5.	Demonstrate skill in documenting OT plans.	Documentation in occupational therapy interventions Understand issues of measurement	Practice learning	Practice learning
6.	Demonstrate skill in using the 5 modes of clinical reasoning.	Prep for Practice learning Clinical reasoning • What is it? • Why is it important? • Different types of clinical reasoning Reflection (Kolb's learning cycle; Schon; Boud & Walker; Fish, Twinn & Purr; tools that aid reflection) How to write a good Log		Mattingly C (1991). What is Clinical reasoning? *American Journal of Occupational Therapy*, *45*(11): 979-986. Neistadt M (1998). Teaching clinical reasoning as a thinking frame. *American Journal of Occupational Therapy, 52*(3): 227-228.
7.	Understanding the function of policy frameworks in guiding occupational therapy services.	National Rehabilitation Policy Psycho social rehabilitation Domestic Violence Act 2006 Norms and Standards for district health services Social Policy processes	Written paper	Henry, N. (2007) Kingdon's multiple streams model. Public administration and public affairs. Prentice-Hall: pp288 - 290

Description of the course

iii.   **AHS3108W Occupational therapy theory and practice in physical health**

HEQF credits: 38   **HEQF level: 7**

Course convener: Zerina Hajwani

Course outline:

This course will enable students to demonstrate knowledge about, and skills in, promoting mental health and well -being through human occupation and in addressing the occupational implications of specific

mental health disorders. The course will prepare students to develop and justify a client-centred occupational therapy plan that assists people with mental health concerns to participate in life through the everyday things that they need and want to do. Students will learn to select, apply and interpret appropriate assessment methods for psychosocial performance component impairments and occupational performance enablers. Focus will be placed on developing skills in selecting, implementing and applying change modalities which address psychosocial impairments and promote people's engagement in valued life tasks and roles. Students will begin to understand how policies inform mental health service delivery and the role they play within the primary health care approach in addressing psychiatric disability at an individual level and group level.

AHS3108W Course Objective:

To develop students' knowledge, skills and attitudes in promoting mental health and addressing the occupational performance implications of psychiatric disorders through occupation

AHS3108W Course Outcomes:

At the end of this course, students will demonstrate:

1. knowledge about what mental health is and the occupational performance implications of various mental disorders
2. knowledge and skill in implementing an occupational therapy process with individuals and groups of mental health service users
3. knowledge and skill in the selection, use and interpretation of a range of standardized and non-standardised occupational therapy assessments suited to mental health and psychiatric disorders.
4. knowledge, skill and ethical attitudes in client-centred, professional interactions with individuals who are mentally at risk, mentally ill and psychiatrically disabled
5. knowledge and skill in selection and use of psychosocial techniques and change modalities that can be used to remediate, adapt, modify or compensate for activity limitations and participation restrictions arising from psychological distress, mental illness and psychiatric disorders
6. knowledge and basic skill in altering, adapting and creating optimal environments that support participation and occupational performance during and following an emotional crisis or mental health episode or when structural risks exist that impact adversely on people's mental health
7. basic competence as a member of the mental health care team
8. basic awareness of population focussed occupational therapy programmes in mental health and psychiatry in terms of occupation based preventive, promotive, remedial, and rehabilitative

interventions

MODULE	FOCUS	SUMMARY OF CONTENT
1	Framing OT in mental health & psychiatry	Thinking frame for course, criteria for mental health from an occupation perspective, applied clinical reasoning, generic frames of reference, OT theoretical models , OT processes in mental health & psychiatry
2	General treatment principles	Selection and application of principles for OT intervention in mental health & psychiatry
3	Service user views	How OT fits into mental health services and how OT's work in collaboration with users
4	Modalities & techniques	OT intervention strategies, techniques and approaches in mental health & psychiatry
5	OT for psychiatric disorders	How OT's think about and approach the comprehensive care of persons with psychiatric disorders
6	Practice learning	Clinical practice and service learning: students may be placed at any of the levels of the public mental health service
7	OT programmes in mental health & psychiatry	COVERED IN FOURTH YEAR OT programmes, management and systems in public mental health, population based practice in PHC

Assessments for AHS3108W
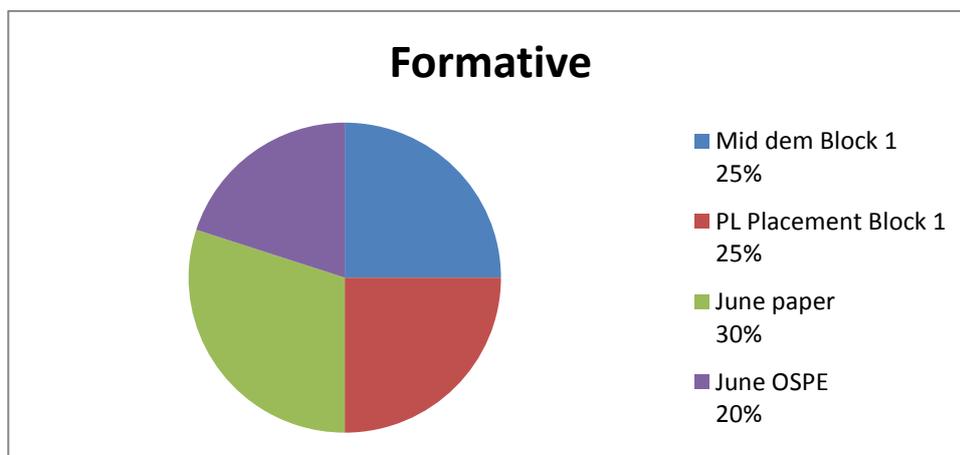
Figure 14: AHS3018W - Formative Assessment
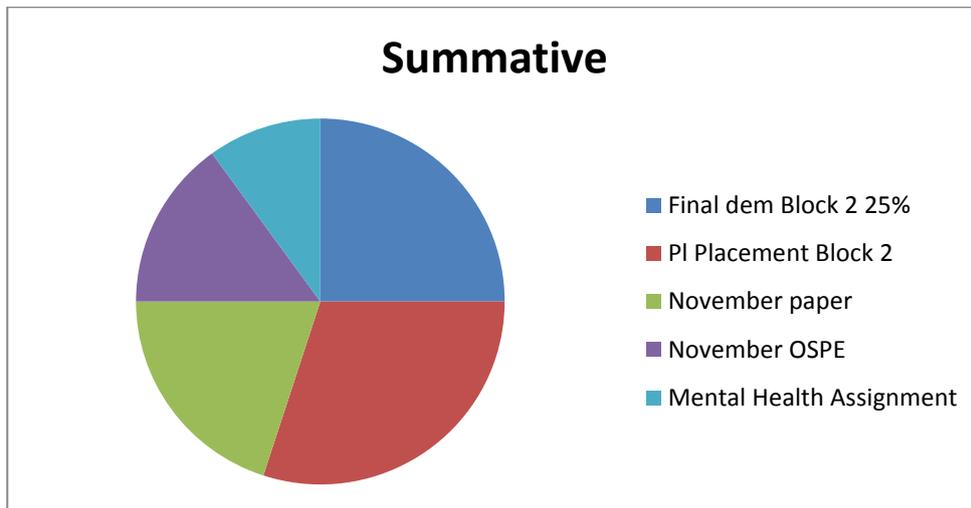
Figure 15: AHS3108W - Summative Assessment

Critical issues: third year

- Follow-through with assessment of performance components in second year and linking to third year intervention
- Shifting focus from a lecture/prac based mode of teaching to a practice learning
- Integration of theory knowledge into practice
- Conceptualising the two main domains in third year i.e. Mental Health and Physical
- Applying research methods knowledge into practice i.e. development of a research protocol

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9. FOURTH YEAR UNDERGRADUATE CURRICULUM

Description of the course

AHS 4119W – Occupational therapy research and practice management

HEQF credits: 48   **HEQF level: 8**

Course convenor: Ass Prof M. Duncan/ Dr H. Buchanan

Course outline:

This course equips students with the knowledge, skills and attitudes required for life-long learning through effective leadership and a sound appreciation of occupational therapy philosophy and ethics. Students will begin to view themselves as research users as well as research generators. Working in small groups students implement and document a research project and acquire skills in writing and present their study findings to professional and stakeholder audiences. The course also equips students for strategic and

contextually relevant service by addressing organisational development, practise management and service administration. Core functions including human resource, marketing, project and financial management are covered as well as the theory of planning, implementing and evaluating health and development programmes across a range of public and private sectors.

Outcomes:

- demonstrate basic knowledge, skills and attitudes required for rigorous and ethical occupational therapy research
- demonstrate skills in writing and presenting study findings to professional and stakeholder audiences
- appreciate the scope of and the relationships between the universal management functions of controlling, leading, planning and organising in occupational therapy practise contexts
- describe and critically appraise the principles and procedures of organisational development
- recognise the dynamics within an organisation and begin to identify strategies for working proactively within the limitations or opportunities imposed by these dynamics
- describe the philosophy and principles of an African approach to occupational therapy practise management within the primary healthcare approach
- demonstrate basic knowledge, skills and attitudes required for effective and efficient entry level occupational therapy service administration, leadership and human resource development
- name the core purposes and principles of operations management, financial management, project management, strategic management and marketing in occupational therapy
- appreciate the ethics of management and understand the principles of developing an accountable climate in the workplace

Table 27: AHS4119W - Course Outline

MODULE	CONTENT
1. RESEARCH IMPLEMENTATION	**UNIT 1: Core research skills** • Professional writing skills • How to do a literature review • Constructing an argument • Structure of a research report • Referencing and plagiarism • Writing discussion, recommendations and conclusion • Disseminating and presenting research findings • Constructing and critiquing a poster • Preparing & delivering a presentation • How to write a policy brief **UNIT 2: Critical appraisal and interpreting research** **UNIT 3: Research Methodology** • How to do data analysis (Qual/Quan)

2. OT PHILOSOPHY & PRACTICE	**UNIT 1: Policy frameworks for practice** • Policies that inform national development plans • Policy guidelines for legal and ethical practice **UNIT 2: Professionalism & ethics** • Ethicising: diverse worldviews & human rights • Accountability • Impaired practitioner • Professional membership & CPD: HPCSA/OTASA **UNIT 3: Philosophy: core contructs in practice** • Spirituality • Equity & Diversity: intersectionality (gender, disability, poverty, rurality etc), in relation to occupation-based practice
3. OT PRACTICE MANAGEMENT	**UNIT 1: OT programmes** • Population reasoning & systems thinking • Definitions & descriptions • Models & approaches • Interface: OT rehabilitation, CBR, development & OBP • Programme design, implementation & evaluation • Intersectoral examples of good practice **UNIT 2: Practice management** • Leadership & self-management • African management approaches • Working in resource-constrained contexts • Management structures & systems in public sector • Management functions • Marketing • Financial management: fundraising & budgeting • Human resource management: support staff/mid-level workers • Project management • Managing a private practice

Course: AHS4120W: Foundation Theory for Occupational Therapy Practice 11

Course convenor: Ms Pam Gretschel

Credits: 48   **HEQF level: 8**

Course outline: This course focuses on occupation based approaches to human and social development that are appropriate for the health needs of individuals, groups and populations across the life span within the South African context. Occupational therapy for the promotion of well-being and full participation of people with disabilities and people who are at risk for health and social marginalization are explored. Disability and diversity politics, legislation and policies lay the foundation for understanding the contribution of occupational therapy to social change. The course also covers occupational therapy principles of promotive, preventative, therapeutic and rehabilitative practice and addresses these principles with reference to the primary health care philosophy. Clinical, population and professional reasoning are developed and an occupation focused understanding of the contexts where people play,

learn, live, work and socialize is promoted.

Course outcomes: At the end of this module the student will:

- identify as well as analyse health, school/ labour and social development policies in relation to occupational needs across the lifespan
- demonstrate basic knowledge of influences that shape the world of work, play, learning and development as informed by contextually relevant theoretical underpinnings
- appreciate the value of play as means for promoting development and health, as well as an end in itself
- understand occupational therapists' unique role in promoting child learning, development and play
- identify occupational outcomes that can be addressed directly or indirectly through actions that promote occupational justice
- understand and apply the relevant reasoning for designing interventions that promote human and social development
- identify and justify the application of occupation based interpretations of participatory methodologies
- recognise the contribution of occupational therapists to different government and non-government sectors in collaboration with relevant stake-holders

Table 28: AHS4120W - Course Content

MODULE	CONTENT
COMMUNITY DEVELOPMENT PRACTICE	- Introduction to CDP - Introduction to developmental practice - Capacity building - Asset building - Experiential learning: action learning - Experiential learning: adult education - Experiential learning: dialogue - Monitoring and evaluation - Participatory methodologies - Occupational potential - Developmental approach to intervention - Facilitation of a developmental approach - Occupation based reasoning - Capabilities approach - occupational injustice perspective - Consolidation

CHILD LEARNING, DEVELOPMENT AND PLAY	
	• Introduction to CLDP and guiding framework • Educational policies and barriers to learning • Learning theories • Frames of reference • Perceptual motor assessment • Basic concepts workshop • Developmental workshop • Intervention strategies to support learning • Play and the potential to enhance health and wellness • Play as a construct and rhetorics • Play as a means and as an end • Consolidation
WORK PRACTICE	• Introduction to Work Practice • Defining work as an occupation • The world of work • The work population • Interventions to support work entry and work re-entry • Advocacy in work practice • Legislation in work practice • Cooperatives • Consumer run businesses • Microenterprises • CBR • Workplace • Reasonable accommodation • Work practice strategies: protective employment and industrial therapy • work practice visits • MODAPTS • Background to SETAs, BBE, funding and partnerships • Introduction into assessments of work • Occupation and work practice assessment • Consolidation

Course: AHS4121W - Occupational therapy practice and service learning

Course convenor: Ms P. Gretchel

Credits: 48   **HEQF level: 8**

Course outline: This course involves the application of occupational therapy theory, processes and

procedures in learning about direct and indirect service with individuals, groups and communities for the attainment of health and development objectives through occupation. An occupational perspective of public health as well as the primary health care philosophy and approach forms the basis of practice. Students acquire skills in the design and implementation of appropriate comprehensive occupational therapy programmes in collaboration with relevant role-players. Knowledge, skills and attitudes, including clinical and population reasoning as well as reflection-in and on-action, are developed. The course is designed to provide a range of learning environments across health and socio-economic conditions, age groups, settings and sectors for each individual student within available resources.

Course outcomes: At the end of this module the student will be able to:

- identify instances of occupational injustice in practice

- apply knowledge about advocacy for equalisation of opportunities (promotion of inclusive environments) in collaboration with relevant stakeholders and in accordance with relevant policy frameworks or legislation

- conduct accurate assessments as well as interpret limitations in/barriers as well as assets to occupational performance across the life-span

- select, use and justify appropriate conceptual frameworks and change modalities in order to promote, play, learning and development as informed by sound evidence based practice (EBP)

- contribute to children's play, learning and development from a unique OT perspective

- make recommendations that focus on enhancing opportunities into work entry/re entry.

- plan and implement an community-based occupational therapy programme or project using a developmental approach to practice

- apply occupation-based methods that support social action

- facilitate co-operation between different government sectors where

Table 29: AHS4121W - Course Content

MODULE	CONTENT
LECTURES AND TUTORIALS	- Preparation for practice learning - Practice learning tutorials
PRACTICE LEARNING	- CLDP: 7 week block - CDP: 7 week block - WP: 7 week block

10. SHARED LEARNING CURRICULUM

The Disability and Rehabilitation in Primary Health Care (PHC) module is a relatively new educational venture within the Department of Health and Rehabilitation Sciences (DHRS) that originated as a result of the process of curriculum transformation. This process focused on transforming the curriculum for Health and Rehabilitation Sciences students by 1) increasing access to undergraduate education and diversifying the students' profile in Audiology, Occupational Therapy, Physiotherapy, and Speech and Language Pathology; 2) reviewing the curricula from $1^{st} – 4^{th}$ year to accommodate the diverse needs of the students, and implementing an intervention programme to support students requiring additional academic input in order to enhance throughput; and 3) developing opportunities for multi-professional learning in order to prepare graduates more effectively for their interactions within multi-professional teams in the work place. The importance of students learning to work within the multi-professional team to promote the health and well-being of disabled people cannot be overemphasised.

During the curriculum review process, there was evidence to suggest that the multi-professional exposure to the Faculty of Health Sciences' lead-theme of Primary Health Care within the Becoming a Professional/Becoming a Health Professional Course in the first year of undergraduate study should be continued throughout senior years of study. Thus the Disability and Rehabilitation in Primary Health Care (PHC) module was developed for Health and Rehabilitation Sciences students.

Disability and Rehabilitation in PHC is currently run within the second and third years of undergraduate study for students in Occupational Therapy, Physiotherapy, Audiology and Speech and Language Pathology. The module is a compulsory requirement of profession-specific courses within each division. The teaching methods for the module include lectures as well as practical components which involve the allocation of multi-professional groups of students to service learning sites. Students are required to implement a health promotion project in second year and a community based rehabilitation project in third year utilising the professional skills of the team. Clinical educators from the various divisions within

the DHRS, in collaboration with health promoters from the provincial Department of Health, provide on-site supervision for groups of students as they implement their projects within their allocated sites.

Disability in Primary Health Care (II year level)*:* This is an 80-hour multi-professional module spread over the first semester of the second year of study for undergraduate students in audiology, occupational therapy, physiotherapy and speech-language pathology in the School of Health and Rehabilitation Sciences. At the II year level the module integrates vertically with Becoming a Professional/Becoming a Health Professional multidisciplinary courses in first year, and is presented in partnership with the Primary Health Care Directorate of the Faculty. The module consists of lectures and a fieldwork component and is presented throughout the first semester. The contents of the module are integrated into the second year occupational therapy course AHS2043W: Occupational Therapy II contributing to the profession-specific coursework. The module contributes 10% to the formative assessment of AHS2043W.

The module focuses on disability theory and the theory of health promotion, as well as multi-professional practice. It is assessed through a multi-professional group project undertaken during the fieldwork component which students present and report on. The final mark for this module is made up as follows: Group project presentation: 60%; Group report (40%). The presentation and report marks are converted to a mark out of 90%. Students are allocated a mark for their professional and ethical conduct during their fieldwork exposure. This counts 10% towards their final mark. Attendance at lectures and fieldwork visits is compulsory. Students who do not attend without a valid reason will incur the following penalties against their final mark: For each day of lectures missed students will have 1% deducted off their final module mark; For each site visit missed students will have 25% deducted off their final module mark.

Table 30: Disability in PHC Module Level 2 Outcomes

KNOWLEDGE	- Describe factors that influence health and disability in SA. - Describe principles/theory informing Cultural Sensitivity and Diversity. - Describe principles/applications/theory informing Health Promotion and Behavioural Change theories. - Describe the spectrum of health and needs of PWD in the country. - Discuss international and national policy guidelines related to Health Promotion, Culture, Health and Human Rights, and Disability.
SKILLS	- Display respect for diversity - Display the ethical principles that apply to professional practice - Display respect for human rights - Display willingness to work effectively as a team member to promote health and wellness, and be agents of change.

ATTITUDES	• Conduct a PHC sensitive needs and bio-psychosocial assessment of the client in the community.
	• Perform a context-related multi-disciplinary situational analysis.
	• Be able to work effectively as a rehabilitation professional in culturally diverse multi-disciplinary settings.
	• Undertake health promotion projects in the community.
	• Use the action learning cycle to promote reflective practice.
	• Work and communicate effectively as a team.

Disability in Primary Health Care (III year level): Disability and Primary Health Care at the III year level is an 80-hour module which is spread over the second semester and follows on from the Disability in Primary Health Care Module at the II year level. The contents of the module are integrated into the third year occupational therapy course AHS3113W: Foundation theory for OT practice I for occupational therapy students and counts 20% towards the formative assessment of this course. At the III year level the module focuses on community based rehabilitation, social justice and advocacy and multi-professional practice. Related theories are addressed during the module. The course is taught through lectures and a practical fieldwork component and is assessed through a multi-professional group project undertaken during the fieldwork component which students present and report on. The final mark for this module is made up as follows: Group project presentation (60%); Group report (40%). The presentation and report marks are converted to a mark out of 90%. Students are allocated a peer-evaluated mark for their professional and ethical conduct during their fieldwork exposure. This counts 10% towards their final mark. Attendance at lectures and fieldwork visits is compulsory. Students who do not attend without a valid reason will incur the following penalties against their final mark: For each day of lectures missed students will have 1% deducted off their final module mark; For each site visit missed students will have 25% deducted off their final module mark.

Table 31: Disability in PHC Module Level 3 Outcomes

KNOWLEDGE	• Describe principles/applications/theories informing community based rehabilitation (CBR)
	• Discuss evidence-based practice in CBR
	• Describe the principles informing health and human rights
	• Describe and apply the principles of Ethics of Social Justice
	• Discuss advocacy in CBR
ATTITUDES	• Display respect for diversity as reflected in the constitution
	• Display appreciation of the ethical principles that apply to professional practice
	• Display respect for people's human rights
	• Display willingness to work effectively as a team member to promote health and wellness, and be agents of change

SKILLS	- Conduct a PHC sensitive needs and bio-psychosocial assessment of the client in the community - Perform a context-related multi-disciplinary situational analysis - Be able to work effectively as a rehabilitation professional in culturally diverse multi-disciplinary settings - Plan, implement and reflect on appropriate actions related to CBR projects - Use the action learning cycle to promote reflective practice - Work and communicate effectively as a team

The Disability in Primary Health Care module contributes importantly to the integrated development of our occupational therapy students. The generic skills that they learn within this course are built on during further years of study as students learn to engage with the complex health needs of individuals and groups in profession-specific theoretical courses as well as practice learning settings. Further to this students are given a necessary opportunity to critically develop and interrogate their role and unique contribution as occupational therapists to the multi-professional team.

Critical issues: shared learning

- Additional budget requirements at times in order to ensure supervision coverage while maintaining Clinical Educator 25hr/week commitment.
- Better co-ordination of time-tables across divisions required to allow students to meet in their multi-professional groups outside of the set shared learning dates to plan.

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11. PRACTICE LEARNING

11.1. Introduction

Opportunities are provided throughout the practice learning curriculum for students to gain first-hand experience of occupational therapy, while they are appropriately guided, supported and supervised by qualified occupational therapists (clinical educators) and others working in the field. Objectives for each year of study identify the progressive integration of theoretical constructs with practical exposure in different situations. A variety of challenges and growth experiences are offered, representing the scope of the profession and different service/practice settings. These include exposure to physical and mental health care services, education, community development, work and economic empowerment situations and child learning, development and play. The practice learning sites provide practical illustrations of classroom learning, as well as giving the students' time for personal reflection. Students are given the opportunity to develop and consolidate personal values and beliefs about the profession, the service as well as inter-sectoral liaison and collaboration.

11.2. Practice learning focus

Provincial documents outlining Department of Health's Comprehensive Service Plan (CSP) and the proposed vision of Healthcare 202O direct approaches aiming to improve patient experience and quality of care. Rehabilitation services are seen to be an integral component of all service plans at all levels of care in which the over encompassing aim is to enable individuals to return home to their communities with the highest possible level of functional independence and the best possible quality of life, while at the same time reducing as far as possible the burden of care on family members and significant others. In response to these recommendations the Division of Occupational Therapy's has committed itself to preparing their graduates to respond to a wide range of health and social related concerns unique to the context of South African health care. The placement of student's in diverse settings across geographical areas in the Western Cape at different levels of care in the health system is a translation of this commitment.

Worth particular mention is the exciting development in 2012 which marked the first placement of two final year occupational therapy students in the **Saldanha Bay District: Vredenburg** where they have been exposed to the opportunity to work with rehabilitation professionals and mid level workers employed by NGOs to engage in PHC outreach. This placement has also created opportunities for inter-professional education and multi-professional practice in that all rehabilitation students reside together and work jointly on community based projects. They engage with multiple stakeholders in the community and this provides them with a keen sense of their possible future experiences within their community service year. ue to occupational therapy's view of participation in occupation as being the primary influence on health and well being and recognition of the contextual impact of certain factors (poverty, stigma and exclusion, violence, deprivation) as they relate to health, practice learning extends beyond health settings into the **sectors of education and social development**. These opportunities challenge students to uphold a holistic focus on all aspects which can contribute to the occupational health and well being of individuals, groups and communities. Involvement in these sites (some of which do not employ permanent occupational therapy services) extends the social responsive contribution of UCT students and staff in that role emerging occupational therapy practice and intersectoral collaboration at these sites is facilitated throughout the year. Students also engage in a course **Disability in Primary Health Care** which further expands their opportunity to work together with their peers across disciplines. This component of courses in second and third year will be discussed in this year portfolios.

11.3. Practice learning curriculum content

Table 32: Content of Practice Learning Curriculum

Year	Focus of Practice Learning

1st	At the end of **first year** the student will:
	• Appreciate the importance of collaborative learning and how to utilize supervision and mentoring provided the fourth year student
	• Develop appropriate interpersonal skills with clients
	• Develop an emerging professional identity as well as an appropriate code of conduct
	• Recognize occupational therapy values
	• Integrate and apply theoretical knowledge at a level congruent with their stage of professional development
	• Demonstrate an awareness of the importance of human occupation for different life stages
	• Appreciate the link between health and human occupation at a basic level
	• Translate and integrate knowledge, skills and attitudes from professional and pre-clinical subjects into practice namely:
	    o Professional course: David Nelson's model of Human Occupation; Person as participant; Core Purposes of occupational therapy; The role of the environment in occupation; Macro-analysis of activity; Meaning of occupation; The developing human; Issues of diversity; Occupational Risk factors
	    o Pre-clinical/ foundation courses: ie.Psychology 1, Human biology and Anatomy 1; Becoming a Professional & Becoming a Health Professional. Integration of the following core themes will be evident in the work that first year students do during practice learning:
	        - Primary health care
	        - Sound interpersonal relationships
	        - Practice whole person care
	        - Support human rights and social responsibility

2nd	At the end of the **second year** of study, students will be able to: • Identify, conduct, interpret and record appropriate assessments of the occupational human including sensory-motor, psycho-social and context-related dimensions. • Analyze human movements and human environments in order to optimize occupational performance. • Analyze an activity and describe its properties in relation to occupational form and performance. • Apply activity analysis, movement analysis, contextual analysis and occupational performance analysis in order to explain restricted and intact performance components. • Apply principles of professional practice on individual, and group and community level. • Demonstrate a multi-disciplinary approach as applied to Disability in PHC

3rd	At the end of **third year** the student will:
	• **AHS 3107W:**
	   ○ select, apply and interpret appropriate assessment methods for determining performance enablers and performance components for a range of 'physical' health conditions.
	   ○ develop and justify a client-centred occupational therapy plan to address performance enablers, performance components and occupational performance as appropriate.
	   ○ demonstrate skill in selecting, implementing and applying change modalities (including activity as *means* and occupation as an *end)* to enabling performance and remediate performance component deficits.
	   ○ begin to understand how policies inform service delivery and facilitate participation of people with a range of 'physical' health conditions at an individual level
	• **AHS 3108W:**
	   ○ demonstrate knowledge about and skill in planning and executing an occupational therapy process with individuals and groups of mental health service users
	   ○ understand the aetiology (predisposing, precipitating and perpetuating factors) shaping people's mental health and occupational story
	   ○ select, modify, adapt and grade appropriate general principles for addressing identified performance component and occupational performance deficits in relation to a mental status examination
	   ○ select and apply appropriate generic frames of reference & OT practice models matched to the needs and life circumstances of individuals and groups of mental health service users
	   ○ use different modes of clinical reasoning applied to persons with mental health disorders
	   ○ document OT plans e.g. intervention planning, reflective journal writing, logs, case stories and reports (discharge summaries, progress notes, referrals)
	   ○ work collaboratively within the mental health team.

4th	• At the end of the four year undergraduate occupational therapy programme, graduates will have the knowledge and understanding of health, well-being and disease required for the prevention and management of impairment, disablement and participation restrictions. They will also have developed attitudinal, intellectual, interpersonal and clinical skills that demonstrate a commitment to best possible practice. • Graduates will in particular demonstrate the following competencies as generalist occupational therapy practitioners: • Lifelong learning and reflective practice, and application of scientific methodology and inductive inquiry. • Occupational therapy service provision that reflects the theoretical and philosophical base of the profession and that is appropriate for individuals, groups and communities. • Mastery of assessment, therapeutic techniques, change modalities and development strategies and the effective and efficient application of the occupational therapy process across the lifespan in a variety of settings and in different sectors of service. • Effectiveness in teamwork and an ability to create, nurture and optimize opportunities for the development of individuals and communities, particularly people with disabilities. • Management of self and others. • Identification with the ethics, norms and standards of the profession, social responsibility and a capacity for self evaluation. • The affirmation of diversity and respect for human rights

11.4. Practice learning structures and guidelines

Opportunities are provided throughout the practice learning curriculum for students to gain first-hand experience of occupational therapy, while they are appropriately guided, supported and supervised by

qualified occupational therapists and others working in the field. Drawing on much valued support from DoHET funding, UCT employs clinical educators who within each the five domains carry the bulk of practice learning supervision, while full time academic staff supervise two to four students in practice learning sites related to their domain of expertise. Together with full time academic staff, clinical educators play an integral role in the development and presentation of the occupational therapy curriculum across the four years of study. The involvement of all staff members in both supervision in practice and classroom based learning creates a more seamless interface between the delivery of knowledge within the classroom and its application within the practice learning setting.

In the objectives for each year of study identified in the Table 32, the progressive integration of theoretical constructs with practical exposure in different situations is highlighted. A variety of challenges and growth experiences are offered, representing the scope of the profession and different service/practice settings.

Students accrue a minimum of 1000 hours practice learning throughout the four years of study. The university monitors each student's practice learning hours closely in order to ensure that the minimum for registration with the Health Professions Council of South Africa is attained. Should a student be unable to attend practice learning for an extended period of time due to illness for instance, the lost hours have to be accrued before the student is allowed to graduate. Students are assisted in securing supervised occupational therapy practice learning exposure to make-up missing hours.

The specific structure of practice learning across year one to four is discussed below:

- **AHS 1032S**

  The students' first entrance into the practice learning platform occurs within the second semester of their first year when they enter into two four week blocks of once weekly visits to practice learning sites for all the domains of practice. In these blocks they are supervised by fourth year students who guide their procedural reasoning within this, their first exposure to the occupational therapy process in practice.

- **AHS 2043W**

  In second year, practice learning is continues in the form of sensory motor and context related assessment practical sessions which take place in the first and second semester respectively.

- **AHS 3107W AND AHS 3108W**

  More prolonged engagement in practice learning occurs within third year where students partake in 20 weeks of practice learning. The class is divided into two groups of which half the class

engages in ten weeks (two blocks of five weeks) of practice learning within the domain of mental health and the other half engages in ten weeks (two blocks of five weeks) within the domain of physical health.

- **AHS 4121W**

  Within the final year of study, fourth year students engage in three blocks of seven week duration within the domains of child learning, development and play, work practice and community development practice. At all stages of the abovementioned process, students are supported by the following measures:

Preparation for practice learning and practical session lectures which provide the students with detailed information pertaining to the practical logistics of practice learning which include but are not limited to information about timetabling, transport arrangements, health and safety, codes of conduct and professionalism.

Due to the difficulty in assigning a generic learning objective document for each site, the **Site Specific Objective (SSO)** document (example in manual) is a document that was created to outline the learning outcomes and expectations for each site. This document is developed and reviewed at the end of each block by the respective site based clinicians or managers in consultation with the UCT appointed supervisor/clinical educator. Following preparation for practice learning lectures, students meet with their respective supervisor and discuss the SSO document relevant to their site so that they have a clear understanding of their role and both service and academic expectations before entering the practice learning site. The SSO document provides a constant point of reference clearly highlighting the responsibilities of both student and supervisor.

All relevant information for practice learning is held within an online open website **VULA.** Students are able to access copies of all practice learning forms, timetables, transport bookings and receive real time announcements. Hard copies of all these documents are also made available at the student's request.

Practice learning sites provide practical illustrations of classroom learning, allowing them to engage with their propositional knowledge in practice. Opportunity and time is also given to students to reflect on their learning. This is done by the inclusion of a reflective **Learners Log** in which students have the opportunity to reflect, consider and where possible consolidate personal values and beliefs about the profession, and the challenges they may experience in the practice learning process. **Weekly tutorials** including both an academic support component and a space for debriefing and containment ensure that

student's learning needs are comprehensively addressed to allow them to meet the challenges of practice learning. Should a student experience challenges that prevent them from proceeding with practice learning are well supported by **student support services** which will be discussed in separate section of this document.

11.5. Practice learning barriers

Sustaining a clinical platform of practice learning sites for an increasing student uptake in occupational therapy poses significant challenge in that the availability of sites is influenced by the willingness of each site to determine whether or not they will take students. Clinicians and managers face considerable challenges relating to increasing workload and staff shortages which influence their agreement to take on the extra responsibility of student supervision.

Another issue is the articulation between OT's at district level and how they work with other health workers – currently the DoH in the Western Cape outsources their CBR to NGO's who are often constrained in terms of resources. Another constraint is the fact that we have to operate within budget constraints and function within UCT systems – i.e. transport to sites which ideally match occupational therapy specific learning outcomes may not be feasible in terms of logistics and funding as these sites are not valued by other disciplines.

11.6. Efforts to address practice learning barriers

In an attempt to meet the abovementioned challenges the division has set about creating certain measures of support and strategic solutions:

- we provide a package of comprehensive supervision (two hours per student per week) that is structured to assist site based supervisors/clinicians in being more willing to cope with the demands of student learning within their sites. Clinical education training and CEU opportunities are provided for supervising managers and clinicians.
- allocation within each domain i.e. mental health, community development and work practice, is guided by the selection of sites that are able to deliver specific opportunities that are in line with our curricula imperatives. Learning outcomes and responsibilities of the site based and UCT supervisor are agreed upon and documented within the aforementioned SSO prior to students entering and practicing at a site.
- we pursue an organisational development approach to engaging students in role emerging practice learning settings which affords us the opportunity to look to explore a wider variation

of learning outcomes beyond traditional occupational therapy settings (Windley, 2010)

Critical issues: practice learning

- Shortage of mental and physical health practice placements for number of students, particularly long-term for physical health and acute mental health placements.

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12. THE INTERVENTION PROGRAMME (IP)[16]

The Intervention Programme (IP) of the DHRS is an extended programme which offers academic support to students who experience academic challenges in their first semester of study. The programme offers learning opportunities for academic literacy, quantitative literacy and foundational concepts in some of the profession-specific and basic sciences. The first intake into H& R IP was in July 2009. Three cohorts of students have since re-joined the mainstream curriculum. The programme is structured across two consecutive semesters and commences in the middle of the first year. H&R IP consist of four integrated, year-long courses offered by the Faculties of Health Sciences and Humanities. Each course contains discipline-specific content derived from the parallel course in mainstream but with reduced content and different teaching and learning methods allowing multiple methods of engagement. Teaching and learning in the first semester of IP is designed to allow the students to 'look back' at course content of mainstream semester 1, learning material that was covered in first semester is revisited with particular focus on difficult concepts. Characteristics of the learning tasks in IP are as follows:

- focus on professional and disciplinary building blocks and core concepts;

- more time spent on core concepts by providing additional and varied learning opportunities, at a slower pace:

- employs small group learning to promote active learning

- identifies and addresses study skills gaps

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[16] Captured from the IP Review Report 2012 – Compiled by Dr Busayo Ige

During the second semester of IP, students 'look forward' to core concepts and building blocks of courses that will be offered in mainstream semester two of the first year. Here students are introduced to new material to give them the opportunity to experience some of the key concepts that they will encounter in the mainstream.

All courses in IP must be passed for a student to re-join the mainstream. As with mainstream courses, 50% constitutes a pass in all IP courses. Students who fail one or more of the courses at the end of second semester of IP are eligible for exclusion on academic grounds.

Critical issues: (IP)

- Before entering IP: admission criteria; During IP: staffing, interface between IP & mainstream courses, stigma; After IP: throughput
- On-going longitudinal research (qualitative & quantitative) to identify trends across different forms of support within IP & mainstream
- Programme review to embed within and across profession specific courses (as opposed to being a stand-alone course). Full time academics (as opposed to contract post staff) to address academic literacy in mainstream. Attention will be given to equipping educators (as opposed to only equipping students)
- 'Foundation' academic literacy course to be offered from the start

13. SERVICE COURSES

13.1. First year

Table 33: First Year Service Courses

COURSE	CREDITS	ASSESSMENT	COURSE CONTENT

Course	Credits	Assessment	Topics
PPH1001F Becoming a professional	15	Continuous, performance-based assessment is used to provide students with regular feedback. Students are required to complete a number of in-course assignments, which comprise 60% of the total mark. The summative assessment makes up 40% of the total mark.	Professionalism and the IHP Professionalism and our roles as future health professionals Communication skills Facebook – friend or foe? Film ' Yesterday' 'What do Human Rights have to do with us?' A Doctor's Story Empathy and learning to listen Interviewing skill Human Rights in action
PPH1002S Becoming a Health Professional	15	Continuous, performance-based assessment is used to provide students with regular feedback. Students are required to complete a number of in-course assignments, which comprise 60% of the total mark. The summative assessment makes up 40% of the total mark.	The "Health Train" PHC today Health and Disability Living with disability Healthcare team members and their roles Complementary Healthcare Quantitative Literacy Basic Life Saving Skills Burnout and our roles as IHPs
HUB1019F Anatomy and Physiology IA	18	The course comprises written and practical ongoing assessments, which make up 45% of the course mark. The other 55% includes the final written and practical examinations.	Introduction to anatomy The structure of the upper limb Cellular basis of physiology, tissue and body systems Emphasis on nerve, muscle and body fluids.

COURSE	CREDITS	ASSESSMENT	CONTENT
HUB1020S Anatomy and Physiology IB	18	The course comprises written and practical ongoing assessments, which make up 45% of the course mark. The other 55% includes the final written and practical examinations.	Human body systems The anatomy and physiology of: The cardiovascular system, The thorax The respiratory systems The lower limb
PSY1004F Introduction to Psychology Part I/ **PSY1006F** Foundation Psychology Part I	18	Coursework (term assignments and test) counts 50%; one two-hour examination in June counts 50%. Students are expected to complete the June examination as well as all coursework before being awarded a pass in this course.	History of Psychology Psychological Research Biopsychology Learning Developmental Psychology Psychopathology Psychotherapy Health Psychology Essay writing
PSY1005S Introduction to Psychology Part II/ **PSY1007S** Foundation Psychology Part II	**18**	Coursework (term assignments and test) counts 50%; one two-hour examination in November counts 50%. Students are expected to complete the November examination as well as all coursework before being awarded a pass in this course.	Quantitative research Qualitative research Intelligence testing Consciousness Language and Thought Personality Psychology Social Psychology

13.2. Second year

Table 34: Second Year Service Courses

COURSE	CREDITS	ASSESSMENT	CONTENT

PSY2009F Developmental Psychology	**24**	Coursework counts 50%, and comprises two written assignments (34%) and a class test (16%); one two-hour examination in June counts 50% towards the final mark	Introduction of major theoretical approaches to explaining general patterns and individual differences in human development from conception to death. Processes that contribute to development in childhood Biological, social and cultural factors that shape psychological functioning across the entire life span.
PSY2003S Social Psychology and Intergroup Relations	24	Coursework (written assignments and tests) counts 50%; one two-hour examination in October counts 50% towards the final mark.	Introduction to group conflict and tolerance in South Africa Social psychological processes involved in intergroup relations. Major theories of prejudice Metatheoretical critiques of major theoretical approaches Psychology and law: Crime, deception and policing
HUB2015W Anatomy and Physiology II for Health and Rehab Sciences	36	November examination - 55%; class record - 45%.	Neuroanatomy Neurophysiology

COURSE	CREDITS	ASSESSMENT	CONTENT
PRY2002W Psychiatry for Occupational Therapists	**14**	Two written tests of two hours during the course of the year – 30% each; end-of-year two-hour written examination – 40%; oral for borderline pass/fail or distinction candidates. The final result will be compiled as follows: April test 30%; June test 30%; November examination 40%.	Personality Disorders The Recovery Model in Psychiatry Intellectual Disability Child Psychiatry An Overview Geriatric Mental Health Chronic Pain and Psychosomatic Medicine Intimate Partner Violence and Trauma Management Adolescent Risk-Taking Behaviour An overview of Psychopharmacology Ethics in Psychiatry Culture and Language in Psychiatry
MDN2002W Clinical Sciences I	13	Formative assessment contributes 45% of the course mark. The summative examination contributes 55% of the final mark.	Aetiology of range of clinical conditions in: Medicine General surgery Orthopaedics Paediatrics Clinical signs and symptoms Assessment and treatment

13.3. Third year

Table 35: Third Year Service Courses

COURSE	CREDITS	ASSESSMENT	CONTENT

| SLL1028H Xhosa for Health and Rehabilitation Sciences | 18 | Coursework contributes (vocabulary and oral assessments based on topics covered in the course.) 50% and comprises of the following:

Test 1 15%

Test 2 15%

Test 3 10%

Test 4 10%

Examinations contribute 50% and comprises of the following:

June examination (simulated client interviews) 20%

November examination (simulated client interviews) 30% | Introduction to grammar and pronunciation

Greetings

Basic sentence Structure

Personal Information- Question Formation

Know your body- The Xhosa Noun

Introduction to Tense- Present Positive and negative

Uses of na and nga

The Possessive

The Near past tense & The future tense

Commands- The Imperative and subjunctive

Vocabulary and sentence construction in the following areas:

• Child development, learning and Play

• Film and Drama

• Work practice

• Adult Physical domain

   o Medical and social history

   o Occupational performance

   o Psychosocial history

   o Range of movements

   o Sensation

   o Muscle strength and hand function |

SLL1048H Afrikaans for Health and Rehabilitation Sciences	18	Coursework (vocabulary and oral assessments based on topics covered in the course.) - 50%; June assessment (simulated client interviews) - 20%; November examination (simulated client interviews) - 30%.	Geskiedenisopname Terapeut-gesentreerde vs. pasiënt gesentreerde onderhoude Liggaamsdele en Arbeidsterapie Toerusting en behandeling Selfversorging Die speelgrond Handvaardighede

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AHS3078W Research Methods and Biostatistics I	10	Research methodology (April) 5% Epidemiology (July) 10% Research protocol for fourth year (September) 25% Statistics (October) 10% Examination: - critical appraisal 50%	Formulating the question Research Design - How to answer the question. Quantitative Quantitative research design- continued EBP Subjects – sample and population Instrumentation and Measurement – how to quantify the answer Ethical considerations Research Paradigms Phenomenology Ethnography Biographical Research Participatory Action Research Epi 1: Introduction to epidemiology and measures of occurrence Epi 2: Study design (emphasis on types of epidemiological study Epi 3: Causality, bias and confounding Epi 4: Screening and prevention, diagnostic testing Protocol development/quantitative Defining types of data (variables), Frequency distribution tables, Descriptive measures: Mean, Median, SD, Range, Exploratory data analysis, Statistical inference 1: Confidence intervals "Statistical inference 2: Hypothesis testing; Comparison of two means (t-test): Non-parametric methods (Mann-Whitney test); Analysis of categorical outcomes:Chi-square test; Measures of association between numerical variables" STATISTICA Evidence based practice

			Work on protocols

Critical issues: service courses
- Learning a new language: need onsite support to facilitate use of language during practice learning (similar to support offered by language department to medical students)
- Need to develop OT profession specific terminology in language courses.
- Students don't fully conceptualize the content in Research Methodology until they start developing their protocol in third year.

14. POST GRADUATE PROGRAMMES

Programmes at Masters and PhD levels are currently offered. A Doctoral Quality Assurance Committee was established at departmental level to review PHD proposals and to monitor student progress and support.

14.1. Master of science in occupational therapy

Two programmes are offered: the MSc by coursework and dissertation and the MSc by dissertation only. The coursework option is the more popular programme probably due to most students being employed and studying part-time.

14.1.1. Purpose

The purpose of the programme is to develop critical thinkers at the forefront of the profession who are able to offer leadership in Africa towards contextually relevant practice and research.

14.1.2. Alignment with the undergraduate curriculum

The restructuring of the undergraduate curriculum, changes in the South African health system and developments in the profession have necessitated the following changes from 2013:

- the 'Rehabilitation' course has been replaced with 'Occupational Therapy in Primary Health Care'
- the 'Health promotion and development' course has been replaced with "Occupation -based Community Development Practice'.

14.1.3. Outcomes

At the end of the coursework programme the graduate will be able to:
- describe and critique core constructs associated with human occupation
- justify occupation centred practice for promoting people's participation in life through working, learning, playing and socialising
- identify and apply various paradigms in occupational therapy theory, practice and research
- justify the use of and identify evidence base for occupational therapy practice in the African context
- develop a proposal and conduct independent masters level research
- provide a theoretically sound rationale for occupational therapy as a resource in comprehensive primary health care
- conceptualise the role and scope of occupational therapy in occupation-based community development practice

14.1.4. Programme outline

The MSc by coursework programme consists of 6 courses and a minor dissertation. The courses are shown below:

Table 36: MScOT Course Outlines

COURSE CODE	COURSE TITLE	YEAR OF STUDY	YEAR OFFERED
CORE COURSES[*]			
AHS5014F	Research Methods	1st	Every year
AHS5018S	Research Methods II	2nd (as from 2013, it will be offered in the 1st year)	Every year
AHS5015	Human Occupation I	1st or 2nd	2013
AHS5016F	Human Occupation II	1st or 2nd	2012
ADDITIONAL COURSES[**]			
AHS5025S	Rehabilitation	1st or 2nd	2012 As from 2014, this course will be replaced by *Occupational Therapy and Primary Health Care*
(AHS5040S	Health Promotion & Development	1st or 2nd	As from 2013, this course will be replaced by *Occupation-Based Community Development Practice*
AHS4089F	Introduction to Disability as Diversity	1st or 2nd	Every year

[*] These courses are compulsory

[**] Students choose 2 of these courses

14.1.5. Timetable

Courses are offered in blocks and are timetabled in February and April (first semester courses), and July and September (second semester courses).

14.1.6. Student recruitment:

At present, no active recruitment has been necessary as numerous requests for information about the programme have been received throughout the year. To date there have been a sufficient number of applicants. The trend has been an increasing number of applicants from other African countries. It is therefore anticipated that recruitment drives are needed in the future in order to attract more South African students to the course. Over the past few years the Division of Occupational Therapy at the University of Cape Town has attracted students from other parts of Africa to seek further qualifications in occupational therapy, particularly masters degrees. In December 2010, and June 2011 the division graduated its first two African masters students from outside South Africa. The two students are from Lesotho and Malawi. Three additional students are currently registered, with two from Namibia and Botswana working on their mini-dissertation proposals, and a third from Swaziland in her first year of the

coursework component. There are a further three students from Zimbabwe who have submitted their applications, and have secured funding towards these studies from their university.

Critical issues: postgraduate

- Funding opportunities for postgraduate students are limited. The funding that is available is usually awarded to the applicants with the highest marks. This does not support our drive towards equity.
- Throughput needs to be improved – the average time to graduation is 4 years. We have changed the Research methods II course to a 2nd semester course to encourage students to develop their proposals and obtain ethics approval by the end of their 1st year or at least early in their 2nd year. This will enable them to start data collection earlier and will give more time to write u the research so that it can be submitted by August of the 3rd year. A writing week has been piloted by the Department to equip students with specific skills for writing up a dissertation and to provide support.
- Achieving a balance between South African students and those from other African countries – this year, we accepted 6 new students of which 5 were from countries outside SA. We need to decide on the maximal number of students from other African countries.
- Insufficient numbers of supervisors. Slow throughput rates at times have resulted in some supervisors being unavailable to take on new students. This has become more problematic since the University has insisted on all MSc students having 2 supervisors (although this is a Faculty recommendation rather than a UCT policy).
- UCT has committed itself to growing postgraduate study but there will be no more resources for this. The Division has agreed to increase its intake from 4 to 6 new students per year. This will have implications on staff workloads. Improving throughput rates will bring some relief.
- Under-prepared students require an enormous amount of supervision. As of this year, the department is starting an academic development programme to provide the necessary assistance to such students with the aim also of relieving the load on supervisors.
- The lack of recognition of postgraduate qualifications by the HPCSA

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15. FACILITIES AND RESOURCES

15.1. Administrative support

Administrative support plays a key role in ensuring that an undergraduate curriculum runs smoothly. There has been some flux in the administrative hub due to staff attrition/resignations with subsequent impact on programme efficiency as new staff take time to acquire institutional knowledge. Within our division we have one undergraduate administrator who is instrumental in assisting the undergraduate programme convener with managing timelines created by Faculty and within the division. These timelines include exam timetable processing, exam paper submissions, processing of marks and availing them to students via Grade book on Vula to name a few. The relationship fostered between an undergraduate programme convener and the administrator is essential in ensuring that both course conveners and students are

contained. Feedback from external examiner reports indicated that the administrative arrangements for the exam period were timously done and all necessary information and forms needed were provided.

The volume of administrative work associated with the programme means that individual academic staff do not have access to administrative support for their various teaching, research, managerial and service related duties. Cross division administrative tasks such as venue allocations are managed by 'shared' administrative staff. Ensuring efficient communication amongst many stakeholders within the department and between the department and faculty poses numerous challenges especially in terms of space.

15.2. Space

Large class sizes across divisions and a growing body of postgraduate students has placed strain on available classroom and office space in the department.

15.3. Equipment

Most of the teaching venues are equipped with a data projector and computer. Other teaching facilities available to varying levels are: white boards, DVD players, flip charts and tele-conferencing facilities.

15.4. Skills laboratory

The purpose of the Skills Laboratory is to provide an environment in which students can practice the skills they will utilise in practice and advance their knowledge through self-directed learning. The increase in class sizes over the years made it difficult to provide students with sufficient opportunities to develop competence in the skills required for practice. The availability of the Laboratory means that students can further develop their skills in their own time after these have been demonstrated in class time. It also means that skills can be practiced throughout the year at the time at which students most need to become proficient. The Laboratory allows student directed learning to take place and encourages self-reliance and ultimately instills a culture of life-long learning. The Laboratory is situated in F56 and is staffed by a full-time laboratory administrator who is responsible for running the laboratory, setting up and issuing equipment and maintaining equipment. There are three main learning spaces, each fulfilling different functions. Storage areas adjoin the Laboratory for storing larger equipment and the trolleys.

- **the practical skills area** contains plinths, floor space and cubicles that are available for developing 'hands on' skills. Trolleys containing specific equipment (e.g. splinting or assistive devices) may be signed out by students for use in this area.
- in the **computer area** students can access the internet and utilise multi-media software packages (e.g. NVIVO qualitative data analysis package) and audiovisual material (e.g. DVDs on wheelchair

transfers and handling).

- **the individual study/group discussion area** is available for learning tasks.

Equipment and learning materials

Equipment and materials that are currently available include:

- large equipment, e.g. wheelchairs and therapeutic apparatus
- trolleys containing equipment for specific skills, methods or modalities, e.g. assessment, splinting, muscle strengthening techniques, assistive devices.
- multi-media software packages and audiovisual materials such as DVDs.

How it is used in the curriculum

In response to feedback about students' lack of skill for practice learning due to an over-loaded curriculum, increased class sizes and limited role models in service settings, the curriculum was specifically restructured to improve hands-on opportunities for students to engage in self-directed learning. The Skills laboratory is currently used in the following ways:

- timetabled activities, e.g. suspension and therapeutic apparatus practicals in third year.
- activities that take place at the convenience of the students, e.g. in third year, one afternoon per week is timetabled for self-directed learning; some of this time may be spent in the Skills laboratory to practice particular skills taught in class or to further develop the skills needed in practice learning placements.

Limitations and future plans

To date the emphasis has been on procuring the required equipment and materials. Currently, the equipment and materials available are strongly focused on physical health and child learning and development. Future plans for expanding the learning opportunities in the Laboratory include developing learning materials related to:

- community development
- work practice
- mental health
- professional attitudes, e.g. ethical and human rights dilemmas
- management
- structured learning tasks to assist students to develop reasoning skills

To achieve the above, funding is required for human resources and technical expertise to develop learning

packages.

15.5. Safety and environment

Crime affects UCT students and staff in many ways as a result of the general national prevalence rates for robbery as well as violent acts. In the past two years two student murders within areas surrounding the Health Sciences Faculty were reported in the media. These murders were critical as catalyst for the Groote Schuur Community Improvement District (GSCID) Initiative developed by UCT in partnership with commercial and other educational institutions in the area, as well as the City of Cape Town. Safety on and off campus however also involves the welfare of students en-route to practice learning sites as well as while in those sites. Student Safety in Practice Learning is managed by the Faculty Community Based Education in conjunction with Divisions, Departments and the Faculty Undergraduate Education Committee which reports to the Dean.

15.6. IT and library facilities

Computer and internet access is available to students in the New Learning Centre and the Wolfson Labs. There are also 12 computers available in the Skills lab. Students have access to a variety of databases and electronic resources through the library. There is a subject librarian for occupational therapy in the Health Sciences library who supports our learning and teaching endeavours.

Vula is the online learning environment at UCT. Vula sites have been created for all occupational therapy courses. Course materials are posted on these sites and Vula is also used as a means of communication, assessment and submission of assignments.

15.7. Transport

Transport between campuses as well as residences, is provided by the University through the Jammie Shuttle service. The Faculty of Health Sciences runs an additional service for transport to practice learning sites. These services are funded through student fees. The funding model for student transportation requires that a single trip services as many students across different professional programs as possible. While most practice learning sites in the Division fall within the Faculty Transport Route, there are sites which fall outside of these parameters. This often requires motivation to justify how an alternative site may not be found within the areas of transport coverage. While practice learning consolidation with the Department of Health and Sciences has been mainly about maximising opportunities for inter-professional service and practice learning, transportation cost has also played a role.

> **Critical Issues: facilities and resources**
> - Flux (attrition/resignations) and capacity in the administrative hub impacts on the efficiency of the curriculum
> - Lack of suitable 'open' venue (i.e. without desks) for splinting. This also applies to large groupwork/ role play etc
> - Need to develop learning resources for skills lab but time and cost are limiting factors
> - Some toilet facilities pose a hygiene risk
> - No place for students to meet informally across year groups and disciplines
> - Insufficient parking for new staff
> - Limited office space/computers for staff especially contract lecturers and clinical educators
> - Students from under-privileged backgrounds cannot easily secure alternate means of transport for sites outside demarcated Jammie Shuttle Routes

16. QUALITY ASSURANCE

Major university-wide initiatives designed to improve the quality of teaching and learning at UCT were developed in 2011[17]. This was in response to the HEQF Audit Report of 2005 to UCT. Committees dealing with Teaching and Learning were restructured in order to ensure dedicated high-level leadership and oversight for teaching and the articulation of such oversight with faculty Dean's responsibilities in relation to teaching and learning. In accordance with this, mechanisms to assure quality and develop quality teaching were streamlined, and aligned with UCT's overall mission, with better articulation of accountability to the responsible Deputy Vice Chancellor, The Deans, Heads of Departments and Heads of Programmes. As a result, the Teaching and Learning Committee was established to deal with first level qualifications, reporting to Senate, and as far as appropriate, mirroring the University Research Committee. The overall purpose of the Teaching and Learning Committee is to contribute to UCT's overall mission through the development and promotion of strategy for teaching and learning. The committee advises Senate and other University on the following:

- all matters related to teaching and learning with a focus on undergraduate and all taught postgraduate programmes
- means of measuring the quality of teaching and learning
- matters related to student progression
- means of promoting improvements in teaching, curriculum and assessment

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[17] See UCT Teaching & Learning Report 2012

- ways to enhance and improve students' learning experiences

- matters arising from national, institutional and regional challenges, possibilities and policies which have implications for teaching and learning and academic planning

Seven sub-committees report to the Teaching and Learning Committee. Through DHRS and Faculty governance structures, the O.T Division has representation on three of these:

- the Examination and Assessment sub-committee

- the Programme Accreditation and Approval sub-committee

- the Timetable and Examinations sub-committee

Within the Faculty of Health Sciences (FHS), the Faculty Undergraduate Education Committee exercises oversight on all faculty undergraduate programmes, with a sub-committee that focuses on assuring quality of clinical service provided by students on the clinical platform. The faculty has also established the Standards and Ethics committee on Clinical Practice, as well the Student's Charter. In addition a process to identify impaired students for review by an impartial committee with access to expertise for fair assessment of competence has been established. The O.T Division aligns its teaching, research, management and service in order to articulate with all requirements for quality assurance at Departmental, Faculty and University levels[18].

16.1. Continuing professional development programme for clinicians and supervisors

The Division of Occupational Therapy acknowledges the important value continuous professional development (CPD) has on building on new knowledge and maintaining professional knowledge and skills within occupational therapy practice. With the gaining of new knowledge; as health practitioners we have a responsibility to ensure that our clients and communities benefit. The gaining of new knowledge can contribute to the development of the scope of the profession. The role and scope of the profession is a contentious issue being reviewed currently by the Health Professions Councils of South Africa. The outcome of our CPD portfolio is to appreciate the new knowledge that is being generated and to share this with occupational therapists working in both clinical and academic settings. The committee consists of two permanent staff members and one clinical educator. We have applied to the HPCSA to become an

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[18] Mechanisms to ensure this alignment are reflected under 5.7: Course evaluations, marks moderation and administration.

accredited service provider and currently still awaiting the outcome. The CPD programme hosted by our division for 2012 is outlined in Table 37 below:

Table 37: CPD Activities 2012

DATE	TOPIC
4 May	Sensory Integration and Emotional Quotient workshop by Sally Mckenzie (Occupational Therapist)
22 June	Sports and Disability Seminar
July	Occupation based play assessment – presentation
Aug	Human rights seminar
October	Clinical supervision workshop
December	Research Colloquium

16.2. 'Work aways'

The Division operates according to a jointly agreed annual year plan which includes 1-2 day 'work aways' every few months; a meeting schedule for the various sub-committees; annual fixtures such as inter university student research days and other administrative locators. The 'work aways' afford the team opportunity to offer support, share stories, monitor progress, resolve critical issues and plan strategically.

16.3. Annual course reviews

Course reviews in the division occurs at the end of every term for each year. Course conveners use the Vula site to create a template of an evaluation form that covers aspects such as content and style of lectures, lecturing style, availability of lecturer, aspects the lecturer did particularly well and areas in which they can improve upon. Students complete these course evaluations online anonymously. The feedback gained from these course evaluations are pertinent to ensuring on- going reviewing of the curriculum.

16.4. Regular class meetings

Class meetings are forums that are facilitated by the class convener and are usually scheduled on the timetable in the last week of every term. This is a space for students to engage in a dialogue with their class convener around issues pertaining to the day to day running of every course. Here the class convener also gauges how well the class is coping with their specific year curriculum and provides a form of containment for the class. These meetings are fundamental in building and ensuring effective communication between the class and class convener. The agenda is provided to the class a week before the class meeting on Vula and students are requested to add or bring along to the meeting any new agenda items. The meetings are minuted and the minutes are then uploaded onto the respective year Vula site for students to access.

16.5. Student evaluations of course and staff: Internal performance appraisals[19]

Evaluation by students is not compulsory. As a result, few students complete the anonymous evaluations on Vula which has implications for staff performance appraisals and course reviews (verbal feedback on lectures is obtained in class meetings).

17. STUDENT SUPPORT

A student support system providing both academic and non-academic support is in place for all under-graduate Health Science students. Student development and support is coordinated by a team comprising faculty staff members and the committee manager. Support is offered, amongst others, on issues related to adjusting to life at UCT, financial issues, anxiety and depression. The following **student support referral pathway** is in place within the Faculty:
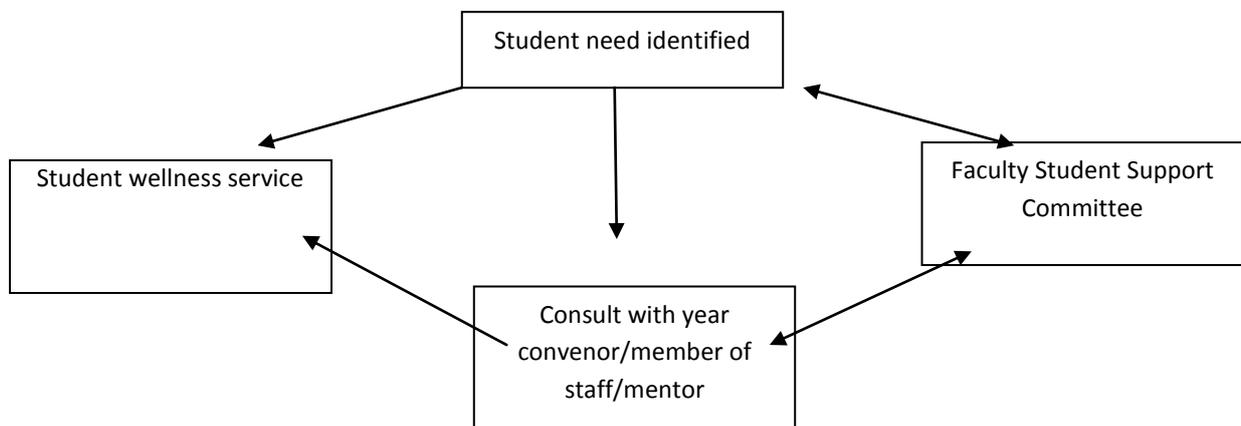
Figure 16: Student Support Referral Pathway

17.1. Academic support

The academic support programme entails meeting with all course coordinators to determine their plans for academic support for students.

a) **Test board meetings**

Test board meetings are conducted:

- as part of early intervention for students who may be struggling academically, thus allowing for early identification of support needs
- to determine whether students are struggling due to academic or non-academic problems
- to motivate each student to work diligently throughout the year
- to motivate students to achieve according to their potential.

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[19] See Appendix 8 for graphs depicting student evaluations of course outcomes

The undergraduate unit disseminates information on academic awards to motivate students toward academic achievement and excellence. The SDS committee assists students in their application for these awards.

b) **SDS representation at Faculty Under-graduate Education committees**

The aim of this representation is to provide insight into issues of student support.

c) **The Writing Centre**

A skills-based unit that provides a consultancy service for students to develop skills in student academic writing.

d) **The Language Development Group**

An inter-faculty unit in the academic development unit of the Centre for Higher Education Development, offering specialised stand-alone or adjunct courses for students whose mother tongue is not English.

e) **Quantitative literacy**

The numeracy centre promotes students' access to and success in quantitative demanding study programmes. It offers quantitative literacy courses and other interventions.

f) **Extra time assessment**

Faculty offers extra time for assessments where indicated.

g) **The Intervention Programme (IP)**

The IP is a comprehensive academic support programme in the Faculty designed to foster academic development and success in students. It is targeted at students who have failed one or more of the core courses in their first semester of study. Students exit their main stream of study after the first semester, and enter the IP from the second semester of the academic year. They re-enter the main stream course during the second semester of the following year. IP focuses on disciplinary building blocks, spends more time on concepts by providing learning opportunities at a slower pace, employs small-group learning and identifies and addresses study skills gaps.

h) **Transition programme**

i) **Senior academic support**

17.2. Non-academic support

a) **First year orientation programme**

The Faculty orientation committee plans and implements the faculty orientation programme. The programme is aimed at assisting students with the transition from school to university, facilitate integration of students, and provide social and academic orientation.

b) **Student organisation support**

The student development support (SDS) portfolio plays a role in the support and facilitation of faculty student organisations.

c) Student mentor support

The mentor programme aims to

- assist with the integration of first year students into their degree programmes, faculty and UCT
- provides social and personal support to first year students
- facilitate networking between senior students and junior students
- provide an opportunity for personal and professional development of student mentors

Mentors offer advice and support to make coping with university life easier for their mentees.

d) Counselling services

Students contact the student wellness service to make an appointment

e) Support for community service placement

A faculty committee guides students on the placement process and offers support post-allocation, aimed at decreasing anxieties associated with community service, and provide information on and contacts of hospitals to inform students' choices.

f) Needle stick and splash injuries

The SDS logs incidents and follow-up tests where applicable...?

Keep safe booklet

g) Personalised support

Personalised, individual support is offered to students in need at divisional level. Aims are:

- to provide an environment conducive to learning and training,
- to encourage students with non-academic problems to seek appropriate help,
- to enable students to continue studies,
- to significantly reduce the extent to which non-academic challenges affect academic performance,
- to improve general wellbeing of students whilst studying in the faculty.

Students who access this support could be identified by class co-ordinator, tutors or students themselves. Quarterly meetings are attended by SDS members (inclusive of Heads of Divisions and course convenors where appropriate) to review progress of students who have been flagged. The SDS liaises with the department of student affairs to offer support on finances, housing, health and disability services, and works closely with the community based education committee to offer support to students who may experience trauma. The SDS reports at faculty examination boards.

18. STUDENT RESEARCH

Research activities for under- and postgraduate studies develop from personal interest as well as service demands placed on educators within the Division of Occupational Therapy. Final year undergraduate and Masters research projects are clustered around departmental research projects, most of which are situated within the Occupational Therapy Division, while some are situated in other Divisions. Students are making a valuable contribution to exploratory work for larger research projects (See Appendix 4).

18.1. Undergraduate research topics 2012

Table 38: Undergraduate Student Research Projects 2012

Supervisor	Topic	Research Paradigm
Elelwani Ramugondo	The activity limitations for adolescents, who commenced with ARV Treatment within the first three years of life, and attend a paediatric ART clinic in the Western Cape.	Quantitative – exploratory
Amshuda Sonday	The prevalence of burnout among special care centre workers within the Cape Metropole.	Quantitative – descriptive
Pam Gretschel	A pilot study to establish the assessment practices used by occupational therapists to plan interventions for school-going learners with cerebral palsy.	Quantitative – exploratory
Madie Duncan	The proxy identified service needs of children with disabilities under the age of ten years living in Middelpos, Saldanha.	Quantitative – descriptive
Lizahn Cloete	The attitudes of health personnel towards adult women with FASD in a Primary Health Care clinic in the Western Cape.	Qualitative – descriptive
Liesl Peters/ Roshan Galvaan	Employers' experience of employing a live-in domestic worker.	Qualitative – descriptive
Helen Buchanan	Knowledge of evidence-based practice of fourth year occupational therapy students in the Western Cape.	Quantitative - descriptive
Zerina Hajwani	An illustration of the time use patterns within a forensic psychiatry unit: A qualitative case study	Qualitative – descriptive
Hanske Flieringa	Taking back the car keys - the experience of stroke survivors who have returned to the occupation of driving.	Qualitative - descriptive
Susan Landman	Survey on Supported Employment Services within the Cape Peninsula	Quantitative - descriptive

Supervisor	Topic	Research Paradigm
Roshan Galvaan	A pilot study of the prevalence of depression amongst live-in domestic workers within the cape metropole'	Quantitative- descriptive
Hilary Beeton	A qualitative study exploring perceived barriers and facilitators to inclusion of differently-abled people in a community-based sports club.	Qualitative - descriptive
Susan Landman	Common factors present in sustainable work programmes	Qualitative - descriptive
Madri Engelbrecht	The utilisation of city spaces for home creation and the impact thereof on self care activities: experiences of beggars explored	Qualitative - exploratory
Amshuda Sayed and Pam Gretschel	Parental perceptions of occupational therapy intervention for children with profound multiple disability: what is it and can it benefit my child?	Qualitative- descriptive
Elelwani Ramugondo	Assessments used by occupational therapists working in schools catering for learners' with special educational needs (lsen) in the cape metropole area to assess play in children from grade r to grade 2	Quantitative - descriptive
Pam Gretschel and Amshuda Sonday	What happened when occupational therapy 4th year students are placed within a unit class in the Western Cape?	Qualitative - descriptive
Helen Buchanan	The reliability and utility of the sollerman hand function test for c6, c7 or c8 spinal cord injury, in the western cape.	Quantitative
Madeleine Duncan	Perceptions of disability held by people living in an informal settlement in the saldanha bay sub-district, South Africa **Won the Marie & Vona du Toit prize for best student project in SA in 2011**	Quantitative
Lizahn Cloete	An exploration of fourth year occupational therapy students' lived experiences of their community development service learning placements	Qualitative
Hanske Flieringa	"It's not a death sentence, it's a life sentence": exploring the experience of women living with type 2 diabetes	Qualitative - descriptive

Table 40: Postgraduate Student Research Projects 2012

SUPERVISOR (CO-SUPERVISOR)	TOPIC	STUDY DESIGN
Elelwani Ramugondo (Roshan Galvaan)	Determining best practice: An Occupational Therapy Intervention for Children on Highly Active Antiretroviral Treatment	Qualitative: case study with embedded co-operative inquiry
Elelwani Ramugondo (Harsha Kathard)	Occupational therapists in special needs education: A case study exploring the process of professional role transition in the Western Cape	Qualitative: case study with embedded narrative inquiry
Leslie London (Lana van Niekerk)	Developing appropriate Foetal Alcohol Spectrum Disorder (FASD) prevention initiatives within a rural community in South Africa	Qualitative

Helen Buchanan (Lana van Niekerk)	Exploring evidence-based practice in Namibia - a co-operative inquiry	Qualitative: co-operative inquiry
Helen Buchanan (Lizahn Cloete)	Link between occupation and chronic diseases of lifestyle	To be decided
Pam Gretschel	An understanding of mother's lived experience of caring for a child with HIV-Related neurological developmental disorders	Qualitative: phenomenology
Theresa Lorenzo	An exploration and understanding of the individual experiences of a group of unemployed people with disabilities as they actively engage in an employment assisted programme as a means of accessing jobs in the open labour market	Qualitative: descriptive case study
Amshuda Sonday (Helen Buchanan)	Transition from special school to post-school in youth with intellectual disability: A phenomenology of parents' lived experience	Qualitative: phenomenology
Madi Duncan (Roshan Galvaan)	Occupation-centred practice in a mental health setting	Quantitive
Roshan Galvaan (Lana van Niekerk)	Competencies needed for occupational therapists to be occupation-based practitioners	tbc
Harsha Kathard, Debbie Rudman, Elelwani Ramugondo	Humanity affirmations and enactments in post-apartheid South Africa: everday life experiences, cicumstances and implications for health - A phronetic case study of human occupation	Qualitative: case study with embedded narrative inquiry
Helen Buchanan (Elelwani Ramugondo)	An exploration of work environment adaptive mechanisms used by women living with HIV/AIDS in Gaborone, Botswana	Qualitative: collective case study
Roshan Galvaan (Lizahn Cloete)	The occupations of children with visible physical impairments: perceptions of primary care givers	Quantitative
Elelwani Ramugondo	The journey of healing for people disabled through violence	Qualitative: narrative Inquiry
Madi Duncan (Helen Buchanan)	Barriers and solutions in implementing client-centred practice among occupational therapists in Tanzania	Quantitative: cross-sectional descriptive
Roshan Galvaan (Liesl Peters)	An occupational perspective of the recovery journey from substance abuse among young adult Zimbabwean men	Narrative inquiry
Elelwani Ramugondo (Lizahn Cloete)	Playfulness and Prenatal Alcohol Exposure: A Comparative Study	Quantitative: descriptive analytical study
Roshan Galvaan (Madi Duncan)	Women's experiences of street trading and its impact on their well-being	Qualitative: ethnography
Hanske Flieringa (Eileen du Plooy)	What effect does drug resistant TB have on the quality of life of people receiving treatment at the various sites in Swaziland?	Quantitative
Amshuda Sonday (Madi Duncan)	Care giving of Adults with Acquired Brain Injury (ABI): A case study of mothers perspectives.	Qualitative; multiple case study
Susan Landman (Helen Buchanan)	Functional capacity evaluation	Quantitative

Critical issues: undergraduate student research
- Funding for undergraduate student research projects is limited to R1,000 per group. This limits the type and quality of research that can be conducted.
- The scope and level of undergraduate research projects in relation to learning outcomes has been curtailed to accommodate staff: student ratios and increased rigour of ethics approval that result in time delays thereby reducing the time frame in which data collection and analysis has to occur.

19. SOCIAL RESPONSIVENESS

The Occupational Therapy Division contributes to the social responsiveness of the University of Cape Town in diverse ways. Each staff member is required to consider how they could make a significant difference to the development of the occupational therapy profession in South Africa, as well as the undergraduate and postgraduate education of occupational therapy students, through a variety of actions, programmes and research. Presented in the table below are some of the highlights of the social responsiveness initiatives in which staff are involved. Indicated too are how these initiatives are framed within and contribute to the broader strategic goals of the University.

Table 41: OT Social Responsiveness Alignment with UCT Strategic Goals (Also see Appendix 4)

	Initiative	Strategic Goal
1.	**FACING UP AND THE SCHOOL IMPROVEMENT INITIATIVE** **A/Prof Roshan Galvaan and Mrs Liesl Peters (Division of OT, DHRS)** Facing Up is a UCT practice learning demonstration site within the Division of Occupational Therapy, Department of Health and Rehabilitation Sciences. Pioneering new ways of practicing occupation-based community development within the profession of occupational therapy, whilst contributing positively to the lived realities of marginalised youth, is a core concern of academic staff members who have developed this site. Facing Up contributes a unique way of engaging with youth in schools in Lavender Hill regarding issues that concern them and which affect their productive participation in society. Utilising novel occupation-based methods, together with theory from occupational science and organisational development, Facing Up contributes to and focuses on issues associated with the hidden curriculum in schools and the productive participation of youth in their school and outside community. At one school in particular 4th year occupational therapy students working at Facing Up were guided through a process where they worked collaboratively with educators and grade 7 learners to understand the factors that contributed to their scholastic performance and their occupational possibilities within the South African context. OT students engaged learners in recalculating these possibilities as well as considering their occupational choices in relation to these. This challenged what learners previously thought was possible for them and sets the stage for learners to determine the different reality they could create through their own occupational engagement. Further to this Facing Up also considers the contextual realities which shape and constrain learners' occupational choices in particular ways. Taking these into account we have launched an initiative which engages parents in considering the ways that they might become champions in these learners' lives. Out of this initiative the "Homegrown Parents Group" has flourished and currently works alongside academic staff members in the OT division and OT students in order to determine the strategic possibilities that exist for challenging the social realities of their children and nurturing their occupational potential in the school context.	**Goal Four: A Vision for the Development of Research at UCT: Greater Impact, Greater Engagement** **Goal Five: Enhancing the Quality and Profile of UCT's Graduates** **Goal Six: Expanding and Enhancing UCT's Contribution to South Africa's Development Challenges**

2.	**THE DEVELOPMENT OF STUDENT-LED HEALTH AND REHABILITATION SERVICES FOR SHAWCO (STUDENT HEALTH AND WELFARE CENTRES ORGANISATION)** **Ms Hanske Flieringa, Mrs Pam Gretchel, Ms Nic Matyida and students** SHAWCO is a University-wide initiative. The Faculty of Health Sciences at UCT contributes to this initiative through SHAWCO Health. In 2008, a fourth year occupational therapy student proposed that SHAWCO Health Steering Committee re-establish health and rehabilitation (H&R) services at clinics. These services were started, albeit with limited occupational therapy student attendance, at the Golda Selzer Centre, Simthandile clinic. Unfortunately, in 2009, a variety of barriers resulted in decreased volunteer attendance and thus a decreased number of clinics attended. In addition, the health and rehabilitation division struggled to sustain itself in this year. At the end of 2009, two second year occupational therapy students who had been volunteering with SHAWCO Health, took upon the role of heading up the H&R division. Having volunteered for 2 years, the students were aware of the systemic problems preventing the efficient and sustainable running of H&R services within the SHAWCO Health model. Through evaluation, a more sustainable strategy for SHAWCO H&R was developed. The aim of H&R is to provide needed rehabilitation services to impoverished communities in and around the Cape Town area. The hope is to enable students to assist in fulfilling this need while being exposed to additional potentially valuable learning experiences within occupational therapy practice. The involvement of occupational therapy students on the SHAWCO Health Steering committee and establishing a health and rehabilitation sub-committee has meant that the health and rehabilitation service has been able to develop with more attention. Contributions of the steering committee have included: - The generation of SHAWCO Health and Rehabilitation organogram and structure for the committee with a comprehensive operators manual to be made available. - Recognition of the role of volunteering on SHAWCO Health clinics by academic heads of department. - Offering a health and rehabilitation perspective within a predominantly medical-student organization. - Involvement in key decision-making and transforming SHAWCO Health into embodying a more holistic model of health care. In 2010, student occupational therapists at UCT in partnership with staff members, Mrs Pam Gretschel (lecturer) and Ms Hanske Flieringa (clinical educator), initiated a more sustained involvement in the paediatric clinics run every 2 weeks on Saturday mornings. They alternated their services between Imizamo Yethu (an informal settlement in Hout Bay) and Du Noon (near Milnerton). An initial pilot therapy programme was initiated at an evening clinic in Masipumelele, Noordhoek. This initiative has meant that the division has been able to make a substantial contribution to the occupational health of communities in need as well as providing students with the opportunity to learn about the management of occupational therapy service provision.	<u>**Goal Five:**</u> **Enhancing the Quality and Profile of UCT's Graduates** <u>**Goal Six:**</u> **Expanding and Enhancing UCT's Contribution to South Africa's Development Challenges**

3.	**LEADERSHIP WITHIN THE PROFESSION OF OCCUPATIONAL THERAPY**	
	Many staff members are involved in leadership positions that impact on and develop the profession of occupational therapy. examples within the division are as follows:	
	• **Dr Helen Buchanan** (Senior lecturer) is president of the Occupational Therapy Association of South Africa (OTASA) and regularly provides policy input through this organisation, e.g. response to NHI Green Paper, assisting in development of position papers on Primary Health Care and groups.	
	• **Mrs Fadia Gamieldien** (clinical educator) is on the Mental Health Advisory Committee for the Western Cape Department of Health. This committee is appointed by the Minister of Health. She is also currently contributing to the development of a certificate in Disability Development Practice which is a way for home based carers to engage in career-pathing at university.	
	• **A/Prof Roshan Galvaan** initiated a project of international cooperation entitled Occupational Therapy Education for Social Transformation (OTEST): a pilot co-operative inquiry. This project was funded in 2010/2011 by 'Higher Education South Africa' together with the 'National Research Foundation' of South Africa under the auspices of the Academic committee of the India-Brazil-South Africa trilateral Forum (IBSA, 2012). The project included the participation of Dr. Shovan Saha from India and Dr. Sandra Galheigo from Brazil, as co- researchers.	**Goal One: Internationalising UCT via an Afropolitan Niche**
	• **A/Prof Madie Duncan** serves as an ad hoc consultant to OTASA for drafting policy documents which recently included position statements on re-engineering of PHC, role & scope of OT (and medical parole for prisoners. She served as one of 400 people internationally in the UN Grand Challenges for Global Mental Health last year adding an occupational perspective to this internationally significant policy initiative.	
	• **A/Prof Elelwani Ramugondo & A/Prof Madie Duncan** secured a UCT PERC grant for development of African OT scholars. Occupational therapists from five African countries that have completed their Masters degree at UCT or who are in the process of doing so, are taking part in the project. They are being capacitated for leadership towards establishing OT programmes in their countries by interrogating African epistemologies and identifying features of an African OT identity that aligns with the unique characteristics of the national context/populations the profession serves in their respective countries.	
4.	**PEOPLE INFORMING POLICY: POWER & PROGRESS** **A/Prof Madie Duncan** leads two funded research projects in deep rural E Cape villages investigating dynamic relationships between rurality, poverty, disability and occupation. Using participatory development methodology, the researchers work closely with community including disabled people and their households, tribal authority, community health workers, traditional healers, DPO's and service providers from DoH, DoE and DoSD towards disability policy implementation. The project is gaining knowledge for roll out of CBR and re-engineering of PHC in rural areas.	**Goal Six:** Expanding and Enhancing UCT's Contribution to South Africa's Development Challenges

5.	**CENTRE FOR GROUP ANALYTIC STUDIES (CGAS)** **A/Prof Madie Duncan** is one of five professionals (psychology, social work, nursing, OT) who launched the Centre for Group Analytic Studies in 2008. CGAS is affiliated to the Institute for Group Analysis in London and offers 18 month group analytic training at two levels: introductory (persons with no professional training who work with groups such as carers in orphanages, NGO's, prisons etc) and intermediate (persons registered with HPCSA who want to upgrade their group skills). CGAS does not offer a qualification. To date more than 60 people have completed the training which fills a much needed gap for groupwork expertise in the Cape Metropole. Each participant is supported in starting and running a group as a requirement at the end of the 18 mth training. This has resulted in the launch of new group based services in a variety of social settings eg. youth correctional services; a refugee centre, parole residence for women, single parent groups, adoptive parenting group, men who abuse group, groups at student health & wellness services etc.	**Goal Six:** Expanding and Enhancing UCT's Contribution to South Africa's Development Challenges

20. CONCLUSION

20.1. Future developments

- The FHS is exploring possibilities for developing rural satellite campuses. DHRS along with the Division will support such initiatives

- The joint service agreement established within the framework of the Bilateral and Multi-lateral Agreements will have ramifications for the Clinical Teaching Platform. The UCT OT Division will liaise with sister departments in the province

- The UCT OT Division is frequently approached for possible collaboration from colleagues abroad as well as institutions within other African countries for support in their endeavors to develop Occupational Therapy Programs. The Division will engage in this within the broader UCT policy framework for Internationalization which supports mutual benefit. The Division will seek support from the Occupational Therapy Africa Regional Group (OTARG) in all its collaborative engagements with partners in other parts of Africa.

- The Occupational Therapy Association of South Africa (OTASA) won the bid to host the World Federation of Occupational Therapy Congress in Cape Town in 2018.

- The current Dean of Faculty retires at the end of 2012. The current Head of the Division will hand-over to the next head in July 2013.

20.2. Summary of critical issues

The various critical issues raised throughout this review pertaining specifically to the undergraduate programme in the Division of Occupational Therapy at UCT are summarised here to serve as a basis for discussion and planning:

- New Curriculum with substantial 'unloading' still offers limited space for Self-Study

- Competition for Time-Table Space (OT 1 & BP/BHP; Shared Learning & Profession-Specific Courses)

- Demands on staff which straddle Research, Teaching, Management & Leadership, Practice or Social Responsiveness, Student Supervision & Support amidst growing PG numbers, shrinking clinical platform, and exciting Research as well as Teaching & Learning developments

- Mechanisms to maximise on undergraduate student research

- Integration of Languages (IsiXhosa & Afrikaans) into Practice

- Mainstreaming Intervention & Student Academic Support

- Seamless integration between assessment, theory and intervention across the four years – Modes of teaching to support this

- Shrinking Clinical Practice Platform (Physical & Mental Health)

- Conceptualisation of Mental Health & Physical Health Domains in Third Year

- Spatial & Infra-structural constraints (Including computers for staff)

- Gendered Profile of Staff and Students

- Funding support for students to meet academic demands

22. ACKNOWLEDGEMENTS

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24. APPENDICES

APPENDIX 1: UCT mission statement

UCT MISSION STATEMENT *(This remains copyright of UCT, and is not under a Creative Commons license)*
"UCT aspires to become a premier academic meeting point between South Africa, the rest of Africa and the world. Taking advantage of expanding global networks and our distinct vantage point in Africa, we are committed through innovative research and scholarship, to grapple with the key issues of our natural and social worlds. We aim to produce graduates whose qualifications are internationally recognised and locally applicable, underpinned by values of engaged citizenship and social justice. UCT will promote diversity and transformation within our institution and beyond, including growing the next generation of academics.

Our research-led identity is shaped by a commitment to:
- academic freedom as the prerequisite to fostering intellectual debate and free injury;
- ensuring that research informs all our activities including teaching, learning and service in the community;
- advancing and disseminating knowledge that addresses the key challenges facing society – South African, continental and global;
- protecting "curiosity driven" research;
- nurturing and valuing creativity in the sciences and arts including the performing and creative arts;
- stimulating international linkages of researchers and research groupings;

We strive to provide a superior, quality educational experience for undergraduate and postgraduate students through:
- providing an intellectually and socially stimulating environment;
- inspired and dedicated teaching and learning;
- exposure to the excitement of creating new knowledge;
- stimulating the love of life-long learning;
- the cultivation of competencies for global citizenship;
- supporting programmes that stimulate the social consciousness of students;
- offering access to courses outside the conventional curricula;
- attracting a culturally and internationally diverse community of scholars;
- guaranteeing internationally competitive qualifications;
- offering a rich array of social, cultural, sporting and leadership opportunities;
- providing an enabling physical and operational environment.

In advancing UCT as an Afropolitan university, we will:
- expand our expertise on Africa and offer it to the world;
- extend our networks on the continent, along with our global connections and partnerships;
- promote student and staff exchanges and collaborative research and postgraduate programmes;
- engage critically with Africa's intellectuals and world views in teaching and research;
- contribute to strengthening higher education on our continent.

We strive to provide an environment for our diverse student and staff community that:
- promotes a more equitable and non-racial society;
- supports redress in regard to past injustices;
- is affirming and inclusive of all staff and promotes diversity in demographics, skills and backgrounds;
- offers individual development opportunities to all staff;
- is welcoming as a meeting space for scholars from Africa and around the world."

APPENDIX 2: UCT OT graduate exit competencies (HEQF/NQF)

UCT OT PROGRAMME: EXIT COMPETENCIES & HEQF ALIGNMENT

HEQF REQUIREMENTS			UCT UNDERGRADUATE OT PROGRAMME			
Title:	Occupational Therapy					
2.	Field:	Health Sciences and Social Services	**FIRST YEAR**	**SECOND YEAR**	**THIRD YEAR**	**FOURTH YEAR**
3.	Sub-field:	Rehabilitative Services	orient	assess	ind/grp	grp/pop/ com
4.	HEQF Level:	8				
5.	Total HEQF Credits:	583				
6.	Acceptable titles:	First Professional Degree in Occupational Therapy				

Exit Level Outcome 1: *Learning Outcome*: Demonstrate competence in the theoretical and philosophical base of occupational therapy through direct or indirect services, to meet the occupational needs of individuals, groups and communities in the South African context.				
Associated Assessment Criteria				
1. Describe the historical, cultural, socio-political, economic and environmental factors that influence occupational choice and performance in all sectors of the South African population and which contribute to the meaningful and appropriate selection of activities/occupation in the occupational therapy process.		√	√	√±
2. The occupational therapy needs of individuals, groups and communities are differentiated using appropriate processes and techniques and consultation.				√
3. Critical roles defined for an occupational therapist within the occupational therapy scope of practice are described.				√
4. The use of appropriate models, theories and frames of reference is explained within the occupational therapy process.		√	√	√
5. Justify and defend the decision to use a direct and/or indirect service delivery procedure understanding the responsibilities inherent in both.				√
6. Apply the occupational therapy process within different fields of practice, with all age groups, and in different sectors (health, education, welfare, labour and both in the public and private sectors) describing how the role is matched and shaped by the context.				√
7. Display belief in the occupational therapy process, the uniqueness of the individual, the value of caring and person-centeredness, and the value of effective engagement in appropriate occupations to facilitate health, recovery and adjustment to disability.	√	√	√	√

Exit Level Outcome 2				
Learning Outcome: **Demonstrate competence in adapting the occupational therapy process for individuals, groups and communities using clinical/population reasoning and critical thinking in order to deliver services to persons of all ages who are at risk of or are occupationally dysfunctional.**				
Associated Assessment Criteria				
The principles embedded in the Primary Health Care approach is applied when the occupational therapy process is used.	√		√	√
The value of meaningful and purposeful engagement in occupations to promote health and in preventing illness is the guiding principle.	√		√	√
Methods are used to screen populations to identify individuals or groups experiencing occupational risk factors.		√	√	√
Appropriate prevention and health promotion programmes are designed and implemented to prevent occupational dysfunction and promote Activities Health for individuals, groups and communities.			√	√
Appropriate educational practices and principles to plan and implement educational programmes related to human occupation and its link to health and wellness are used.		√	√	√
Describe how to mediate with local, provincial and national authorities about the occupational risk factors evident in groups and communities.				√

Exit Level Outcome 3				
Learning outcomes: **Demonstrate basic competence in adapting occupational therapy programmes to meet specific personal, cultural and occupational needs in diverse settings.**				
Associated Assessment Criteria				
1. Demonstrate the ability to effectively assess occupational performance of individuals, groups and communities to determine occupational performance problems requiring intervention, using appropriate assessment techniques and processes, considering the individual characteristics, cultural and unique needs and context of the individual, group or community.		√	√	√
2. Appropriate intervention programmes for occupationally dysfunctional individuals, groups and communities are:				
i. Within the recognised scope of practice, ethical rules and code of ethics				√
ii. Using a person-centered approach.	√	√	√	√
iii. Using appropriate models, theories, frames of reference, approaches specialised techniques and treatment principles.			√	√
iv. Select and justify the therapeutic use of activity to enhance wellbeing and to restore health.				
v. Use a programme of activities which are meaningful and purposeful for the client(s) and appropriate to their context as well as for their therapeutic value to restore, enhance, promote and/or establish healthy lifestyles.			√	√
vi. Plan and implement programmes for the attainment of occupational performance in areas of daily life for individuals, groups and populations.			√	√
vii. Demonstrate the ability to apply appropriate programmes to address differing occupational needs.				√
viii. Demonstrate the ability to adapt procedures and principles to different programme demands and contexts.				√
ix. Using appropriate critical thinking, problem solving and professional reasoning, outcomes based research and appropriate consultation to guide and evaluate intervention outcomes.			√	√
3. Clear, concise and accurate recording of all direct/indirect intervention programmes.are completed.			√	√

Exit Level Outcome 4 *Learning outcomes:* **Demonstrate basic capacity to operate effectively as an occupational therapist in complex, unfamiliar and ill-defined contexts.** ***Associated Assessment Criteria*** 1. Interpret complex, unfamiliar and ill-defined situations by using professional reasoning, against the framework of the role and scope, professional policies and principles to determine the professional contribution and behaviour that would be appropriate in the setting. 2. Adapt, based on the outcome of the interpretation, the specific content of the occupational therapy process, using innovative methods and techniques and appropriate professional behaviour so as to contribute effectively to such situations. 3. Demonstrate ability to negotiate reasonable, appropriate and sufficient resources to apply professional principles, policies and work effectively in a particular context.			√± √±	√± √± √±
Exit Level Outcome 5 *Learning outcomes:* **Demonstrate competence to perform and collaborate as an effective team member.** ***Associated Assessment Criteria*** 1. The role(s) each team member has/have in a specific situation is explained. 2. Justify the role of the occupational therapist within various settings, within various types of teams, and at different levels of health care provision in relation to other health team role players. 3. Effective and efficient teamwork during intervention is displayed (range includes co-operation, contributing, enabling, collaboration, liaising). 4. Competence with both formal and informal written/verbal communication is demonstrated in group discussions/ward rounds with team members. 5. An understanding of the relevant ethical behaviours and professional code of conduct in terms of team members is displayed with acknowledgement of their roles in the team. 6. Effective management of conflict is demonstrated. 7. Appropriate referral of clients to team members where intervention is beyond the scope of occupational therapy	√± shared learning √± shared learning √ √	√± shared learning √± shared learning √ √	√± share learning √± share learning √ √ √ √ √	√ √ √ √ √ √ √

Exit Level Outcome 6 *Learning outcomes:* **Demonstrate awareness to act professionally, ethically and reflectively and be responsible for own competence and actions within the professional and legislative framework of South Africa.**				
Associated Assessment Criteria 1. Identify/recognize common ethical issues and dilemmas in everyday practice.	√	√	√	√
2. Explain a course of action for professional and/or ethical considerations based on the value and effect that legal documents have on the practice of the profession (eg the Constitution; the Bill of Rights; Employment Equity Act; National Health Act; Mental Health Act; Inclusive Education)	√±		√±	√
3. Display knowledge and understanding of the ethical rules of the HPCSA to enable practitioners to practice accountably.	√±		√	√
4. Display professional commitment and responsibility to ethical practice on a daily basis.		√±	√	√
5. Use various processes of clinical reasoning to plan and critically evaluate outcomes..			√	√
6. Use and integrate feedback obtained from the supervision process and/or through self-reflection to revise practise, judgements and behaviours.	√±	√±	√	√
7. Demonstrate knowledge of the legal and professional requirements, rights and responsibilities for independent practice as an occupational therapist in this country.				√
Exit Level Outcome 7 *Learning outcomes:* **Demonstrate awareness of the role of the occupational therapist in mediation and advocacy of occupational justice for the individual, group or community at risk of experiencing occupational imbalance, deprivation and/or alienation.**				
Associated Assessment Criteria 1. Explain the links between health promotion as stated in the Ottawa Charter and occupational therapy intervention that addresses occupational imbalance, injustice, deprivation and/or alienation.		√±		√
2 Identify when occupational imbalance, injustice, deprivation and alienation, resulting from economical, political and environmental factors, compromise the health and wellbeing of individuals, groups or communities.		√±		√
3. Explain the principles and philosophy of mediation, advocacy and enablement for occupational justice.				√
4. Engage relevant role players as partners in the process of restoring occupational justice and occupational balance.				√±
5. Establish partnerships, network extensively and follow appropriate community entry and/or client/case management protocols.				√±
6. Act as advocate for clients, disability and human rights.	√±		√±	√

Exit Level Outcome 8 *Learning outcomes:* **Demonstrate basic competence in applying scientific methodologies (qualitative and quantitative) and using professionally appropriate reasoning approaches to understand humans as occupational beings with particular emphasis on the interrelatedness between occupational behaviour and health.**				
Associated Assessment Criteria				
1. Justify the value of published research with regards to usefulness to inform occupational therapy practice and/or knowledge production.			√	√
2. Explain practice through use of available evidence, when and where appropriate.				√
3. Critically appraise the application of processes, principles and methods that promote occupational engagement and competence across the lifespan as the end outcome of occupational therapy.			√±	√
Exit Level Outcome 9 *Learning outcome:* **Demonstrate awareness of the "Person-Occupation-Environment Relationship" relevant to the South African context of practice.**				
Associated Assessment Criteria				
1. Apply person-centered principles in occupational therapy practice.	√±	√±	√	√
2. Demonstrate understanding of the interaction that physical, psychological, spiritual, social, cultural and political factors have on occupation and how it influences occupational function and dysfunction.	√±	√±	√	√
3. Demonstrate an understanding that engagement in meaningful occupations is a determinant of health and can restore and promote health and assist adaptation to life circumstances.	√±	√±	√	√
4. Assess and adapt or eliminate environmental and/or attitudinal barriers that restrict opportunities or competence required for engagement in occupation to achieve valued life goals.		√±	√±	√
5. Measure and interpret limitations in activity participation due to impairments or environmental restrictions.		√	√	√
6. Identify and assess disabling conditions and occupational injustices that limit opportunities for individuals, groups and communities to engage in healthy, meaningful occupations.				√
7. Relate the aetiology/pathology of disease and illness processes in terms of human structure, function and behaviour using a range of explanatory models (medical, social, occupational).	√±	√±	√±	
8. Apply occupational therapy intervention approaches and strategies to address issues that affect health and occupation of individuals, groups or communities.			√ (ind)	√
9. Apply and modify adult education principles and methods in the exchange of information to meet the needs of individuals, groups and populations during occupational therapy interventions.	√±	√±	√	√
10. Apply activities, tasks and occupations as a means for the achievement of health/quality of life objectives in promotive, preventative, palliative, curative, rehabilitative and community development programmes.			√±	√
11. Apply the principles and adapt the methods that promote occupational engagement and competence				

across the life span.			√±	√
12. Develop, implement, monitor and or manage generalist occupational therapy services and/or preventative, palliative, promotive, curative and rehabilitative occupational therapy programmes within different settings, across different sectors and at different levels of the national health service.				√
13. Utilize available data to determine realistic short and long term objectives.			√	√±
14. Select appropriate principles, strategies and technologies for promotive, preventative, palliative, therapeutic/care, rehabilitative interventions or programmes.			√	√
15. Provide a rationale for professional choices and actions based on knowledge of the precipitating, perpetuating and predisposing factors that impact the health status of individuals, groups and communities.				√
16. Demonstrate use of continuous evaluation or participatory action methods throughout all planning and action.			√	√
17. Identify and monitor precautions and critical success factors, in particular those that affirm the principles of primary health care and community development.	√±	√±	√	√

Exit Level Outcome 10
Learning outcomes: **Demonstrate basic knowledge of occupational science and occupational therapy and its practice within the South African and global context acknowledging both indigenous and international knowledge or perspectives.**

Associated Assessment Criteria

1. Explain how engagement in occupations can restore and promote health and assist adaptation to life circumstances.	√±		√	√
2. Explain the meaning and purpose that individuals, groups or communities attach to occupations.	√±		√	√
3. Demonstrate an awareness and sensitivity of the influence that diverse cultural and social contexts and systems have on occupational choice and behaviour.	√±	√±	√	√
4. Achieve health objectives that have occupation as a central focus, through promotive, preventative and community development programmes.				
5. Apply creativity in the construction or conceptualisation of practical solutions, new conceptual frameworks and novel ideas to solve problems.			√±	√
6. Display creativity to deal with an appropriate combination of issues such as cultural, language, socio-economic, political, gender and/or diversity in:				√±
* adapting the occupational therapy process for individuals, groups and populations within the South African context.				√±
* applying occupational therapy intervention programmes.				√
* establishing a person-occupation-environment relationship.				√

Exit Level Outcome 11				
Learning outcomes: **Demonstrate the ability to select and apply appropriate research methods, techniques and technologies appropriate to occupational therapy research problems.**				

Associated Assessment Criteria

1.	Identify an appropriate research question with/under supervision.			√	√
2.	Identify and plan an appropriate approach for the research with/under supervision.			√	√
3.	Identify appropriate quantitative and qualitative research methodology for the research question(s).			√	√
4.	Prepare a research proposal and ethical clearance application (as appropriate for the venue) under supervision.			√	√
5.	Complete a literature search and critically appraise the quality of published literature and research under supervision.			√	√
6.	Prepare a literature review under supervision.				
7.	Prepare to put the research protocol into practice under supervision.				√
8.	Carry out the research protocol.				√
9.	Appraise results of the research and draw conclusions based on evidence.				√
10.	Appraise the application of research processes, principles and methods that promote meaningful and occupational therapy research.				√
11.	Communicate the research in a written report.				√
12.	Communicate the research findings orally.				√
13.	Display insight into the ethical issues at play, and the requirements for undertaking research in occupational therapy.			√	√
14.	Justify the value of published research with regards to usefulness to inform occupational therapy service and/or knowledge production.				√
15.	Demonstrate the ability to undertake self-study and research as needed to maintain and sustain the ability to function effectively as an occupational therapist.				√±

Division of Occupational Therapy, University of Cape Town

Exit Level Outcome 12
Learning outcomes: **Demonstrate basic knowledge of management & leadership functions and skills.**
 	
Associated Assessment Criteria
    1.   Describe the managerial functions, namely planning; organizing; coordination; guiding and controlling as well as managerial skills, namely decision making; problem solving; motivating; delegation; communication and creative thinking.
    2.   Integrate the application of these functions and skills in the context of the practice of occupational therapy.
    3.   Demonstrate understanding of the interaction of all the components of management as it relates to occupational therapy: human resource, finance, service provision, support services.
    4.   Select and perform appropriate functions for a sustainable management system for an occupational therapy service within the South African health system.
    5.   Describe and demonstrate an understanding of the planning cycle used in management for the quality assurance of service delivery.
    6.   Propose a strategic and yearly operational plan that included a budget, a human resource plan and service delivery plan.
    7.   Demonstrate the ability to write a business proposal of motivation for additional resources.
    8.   Demonstrate the ability to write progress reports on the occupational therapy service.
    9.   Demonstrate the ability to select appropriate styles for communication, engagement and dialogue within teams.
    10. Operate an appropriate administrative system to support the management in an occupational therapy environment.
    11. Demonstrate the ability to supervise the category of assistant staff and display knowledge re relevant legislation.
    12. Effective time management.
				√
				√
				
				√
				√±
				
				√±
				
				√±
				√±
				√
				√±
				
				√±
				
				√±
				
				√±

Exit Level Outcome 13
Learning outcomes: **Demonstrate an awareness of, sensitivity towards and tolerance of cultural, language, socio-economic, political, gender and/or other diversity as evident in the South African context.**
 	
Associated Assessment Criteria
    1.   Demonstrate an understanding of and ability to reflect upon own biases and their impact on the relations and interactions with others; service providers, colleagues, service recipients.
    2.   Display flexibility and creativity in dealing with an appropriate combination of issues such as cultural, language, socio-economic, political, gender and/or other diversity in:
        •   Adapting the occupational therapy process for individuals, groups and communities within the South African context.
        •   Applying occupational therapy intervention programmes.
        •   Establishing a person-occupation-environment relationship.
        •   Different types of teams such as multi-disciplinary teams, inter-disciplinary teams and trans disciplinary teams.
				√±
				
				√±
				√±
				√±
				√±

APPENDIX 3: Alignment of UCT OT education programme with minimum standards of HPCSA Professional Board for Occupational Therapists

OT Minimum Standards

Credit

APPENDIX 4: Strategic alignment - UCT lead themes & research/practice/education in the Division of Occupational Therapy (evolving)

VC STRATEGIC FOCUS & Examples of UCT ACTION	PROJECT LEADER/S	OT LEAD RESEARCH THEME & TOPICS CURRENTLY BEING EXPLORED BY STAFF	NESTED RESEARCH PROJECTS (post/ under grad)	PRACTICE	TEACHING	POSSIBILITIES
TRANSFORMATION Khuluma Ombudsman		Partnerships and students' use of self-LP Interrogating student profile – TM			Equity & Diversity groups	
AFROPOLITANISM HUMA	ER/MD	Practice Relevance for Occupational Therapy as informed by Epistemologies and Ontologies from the Global South **[LEAD THEME]**	Pam Gretschel: "Determining best practice: An Occupational Therapy Intervention for Children on Highly Active Antiretroviral Treatment"	In-direct influence on practice in other African countries/ support development of OT education programmes	Africanisation of curriculum Exploring epistemologies of the South	Intra- ; Inter-Institutional; & International Collaborations
	RG	Theory building for occupation based community development **[LEAD THEME]**	Amshuda Sayed: "Occupational therapists in special needs education: A case study exploring			

			the process of professional role transition in the Western Cape"			
			Matumo Ramafikeng: "A case study of student learning experiences in Occupational Therapy practice learning contexts" (PhD in Education)			
			Tania van der Merwe; "The Political Construction of Occupational Therapy in South Africa: A critical analysis of curriculum as discourse" (UFS)			
			Frank Kronenberg: "Humanity affirmations and enactments in post-apartheid South Africa: everday life experiences, cicumstances and implications for health - A phronetic case study of human occupation"			

CONSTITUTIONAL GOVERNANCE & HUMAN RIGHTS Political engagement with current affairs	HAB/AS/LC/ MD	People informing Policy: Power & Progress [LEAD THEME]	Exploring health systems and evidence based practice HAB MPhil Dis Studies M. Booi: Service delivery and disability: the perspectives of service users on socio-economic rights in a rural community in the Eastern Cape Ramma/MD PhD Public Health K. Sherry: Mobilising communities to access services: Participatory spaces in health policy implementation in rural villages S Reid/MD Role transition and OT in special schools Undergrad – Burnout and special care workers AS Undergrad – Service provision for women with FASD LC The proxy identified service needs of children with disabilities under the age of ten years living in Middelpos, Saldanha (U/grad) MD	CBR and disability inclusive development in deep rural villages in E Cape Woodside : residential care	Policy implementation & practice management	CPD events

		ZH	Supported Employment **[LEAD THEME]**	Undergrad: Time use of forensic clients Supported employment for mental health care users Defining a supported employment service Costing supported employment service Process of developing supported employment programme locally and internationally			
				Imelda: Parents attitudes shape what youth do – AS and HAB M Phil Dis Studies A Bam: Perceptions of recreation officers towards inclusion of visually impaired children within the Come & Play Programme of the City of Cape Town. - RG/MD			
			Occupation-centred practice in mental health - FG Satisfaction with locally manufactured wheelchairs- HAB Effective OT practice: Chronic diseases of lifestyle - HAB Participation outcomes in people with physical impairments-HAB				

HIV/AIDS & TB HAICU	ER/PG/HF/HAB/ED	Intervention & Participation Outcomes for people affected by HIV/AIDS **[LEAD THEME]**	Intervention & Participation Outcomes Research involving young children on HAART ER/PG		HIV programmes	
			MSc_Patrice Malonza "Retaining worker role for women with HIV/AIDS" –HAB and ER			
			MSc OT N. Dangarembizi – The lived experience of mothering a child with HIV - Pam			
VIOLENCE & CRIME Safety & Violence Initiative		Disability, Violence & Occupation Expressions of occupational identity in diffuse spaces	M Motimele: Masters – "Journey of healing for people disabled through violence" ER		Basic concepts – OT I	
VIBRANT & ARGUMENTATIVE UNIVERSITY ETHOS UCT admissions policy		Developing reflexivity in the UCT graduate-HF		Hanske: Clinical education with third year students Diversity & Equity logs		

WORLD CLASS UNIVERSITY Global Citizenship & Social Justice programme	LC	Inter-generational health compromising occupations **[LEAD THEME]** Creative expression and health- ER	PhD (LC)- "Developing appropriate Foetal Alcohol Spectrum Disorder (FASD) prevention initiatives within a rural community in South Africa" MSC Jordan Pearton: "Playfulness & Prenatal Alcohol Exposure" ER/LC	Motivating for OT posts in Worcester Sacla application of insights	Interprofessional learning – Pam Artforms in OT1	Second year Context related assessment module Thrid year Disability and PHC (Lessons from FASD as disability); Fourth year: CDP module
			MScOT I. Steinhof: Occupational adaptation (OA) of mothers of young adults with acquired brain injury (ABI) AS/MD			
		Groupwork in Mental health Occupational Therapy - LL Sagacity and opportunity - LP				
			PhD OT A Lombard: The effect of sensory processing on the work performance of call centres agents in a South African context RW/MD PhD OT (UStell) Z Coetzee: Establishing empirical evidence for the levels of transition in the Model of Creative Ability LvN/MD			

	ER/RG	Politics of human occupation **[LEAD THEME]**	PhD - Play in context ER 3-research undergrad MSc (Possible upgrade to PhD) Frank Kronenberg: "Humanity affirmations and enactments in post-apartheid South Africa: everday life experiences, cicumstances and implications for health - A phronetic case study of human occupation" Spiritual Health & Right to expression through occupation – ER MScOT S. Sassen: Survivalist street trading occupations and well-being of women street traders in the Cape Town CBD RG/MD	Play promotion through (PEPtxt) social media available for low SES families Raising Occupational Consciousness in practitioners & communities	Emerging occupational science constructs introduced in curricula	International Collaborations
CLIMATE CHANGE Pro-VC for Climate Change African Climate & Development Unit						
POVERTY & INEQUALITY Poverty conference to influence NPC	MD	Poverty, Disability & Occupation **[LEAD THEME]**	*PhD (U Stell)* S Gcaza: The influence of health related policies and services on the agency and survival strategies of chronically poor disabled people and their households in rural Mpoza R Watson			

SIZE & SHAPE Teaching & Learning for throughput		Experiences of OT students in mental health practice learning placements - LL	MScOT D. Chingua: A comparison of the quality of life between leprosy survivors living in leprosaria and those integrated in communities in the southern region of Malawi MD/D Amosun	Practice of recruitment – Nic and Fadia	Liesl - Facilitating multi-professional practice with diverse groups of students	
OTHER			Exploring CC practice in Tanzania – HAB Co-operative inquiry into evidence-based practice – HAB Work practice – HAB Pam – undergrad – Assessment of children with CP			

APPENDIX 5: Staff publication list

Division of Occupational Therapy – Staff Publications

Journal publications

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APPENDIX 6: Display list

ITEM	GENERAL	OT 1	OT 2	OT 3	OT 4	POSTGRAD	STAFF
Faculty Handbook	X						
Course info booklets		X	X	X	X	X	
Course readers		X	X	X	X	X	
Timetables		X	X	X	X	X	
Test/exam papers/ OSPE		X	X	X	X	X	
Marks spread sheets & rules		X	X	X	X	X	
Research protocol/reports				X	X	X	
Policy briefs						X	
Assignments		X	X	X	X		
Practice learning logs				X	X		
Equity & diversity logs				X	X		
Practice learning case studies				X	X		
Practice learning guidelines				X	X		
Practice learning site specific objectives				X	X		
Practice learning sites & T/T				X	X		
Products		X	X				
Skills lab resources	X						
Library resources	X						
Computer lab	X						
VULA	X						
Publications							X
Course evaluations by students		X	X	X	X	X	
Staff evaluations by students							X

APPENDIX 7: FHS EDU - curriculum for clinical educators

Clinician Education Course - 2012

The Education Development Unit (EDU) is advertising the Clinician Education Course for 2012. This course was first piloted in 2006 and modified based on an extensive evaluation. The course is run annually in the Faculty of Health Sciences (FHS). It is a joint project of the EDU, FHS and Centre for Higher Education Development (CHED).

Accreditation – Continuous Professional Development (CPD points)
The course is a CPD accredited course with 10 points per module and 3 points for ethics. A certificate of attendance is awarded.

The contact time for the course is 2 ½ hours per week and expected time on reading and tasks is about 2 - 3 hours per week. If you are interested in attending the course **please register your interest by end January 2012**.

The course will commence the week beginning **7th March** 2011 and you may choose to attend:
Wednesday: 2:30 – 17:00
OR
Thursdays: 17:15 – 19:45.

Please indicate which session you would prefer to attend.

All interested parties to send all correspondence to Nondumiso Mginywa:
[Tel: 021 – 406 6646] email **nondumiso.mginywa@uct.ac.za**

<u>**A broad overview of the course:**</u>
Teaching, Learning and Assessment for Clinician Educators in a Primary Health Care (PHC)–led Curriculum
3 short courses (modules) of 6 weeks each

Module 1 (6 weeks) -	Learning theories related to clinical education – (emphasis on experiential learning theory)
Module 2 (6 weeks) –	Applying theory to clinical education practice, integrating the PHC approach for small groups and one-on-one facilitation
Module 3 (6 weeks) -	Assessment – application of principles of assessment, current trends and evidence-based practice to assessment

Overall aim of the programme:
To provide clinical teaching staff the opportunity to develop and improve their understanding of, and practical skills in teaching, learning and assessment. This short course is specifically designed to take into account the context of clinical educators. However, as with all short courses, we can only do this to a limited extent. The key emphasis therefore will be on *developing an understanding of the important principles that underpin good practice* - so as to enable you to reflect critically on your practice, and to further develop educator skills in a clinical context. In this way, we hope to deepen your ability to act as a '*critical reflective practitioner*'.

Learning outcomes of the programme:
By the end of the programme participants will be able to:
   o   Modify or develop teaching and facilitation methods in the clinical context,
   o   Plan, design and structure appropriate teaching and learning activities in the clinical context
   o   Develop new and modify present appropriate assessment tools for the clinical context

- o Use theoretical and contextual understanding to support particular choices and where available best evidence-based practice research.
- o Develop your understanding of group dynamics and the principles of effective facilitation to facilitate small group and one-on-one learning.
- o Assemble a professional portfolio (developed through set assignments) which demonstrates critical self-reflection on teaching and facilitation practice, identifying future development needs and a plan for continuing professional development (Optional)

Short Course Coordinator – Prof Louis Reynolds (EDU).

APPENDIX 8: Course evaluations by students

Division of Occupational Therapy, University of Cape Town

COURSE EVALUATIONS FOR AHS2043W

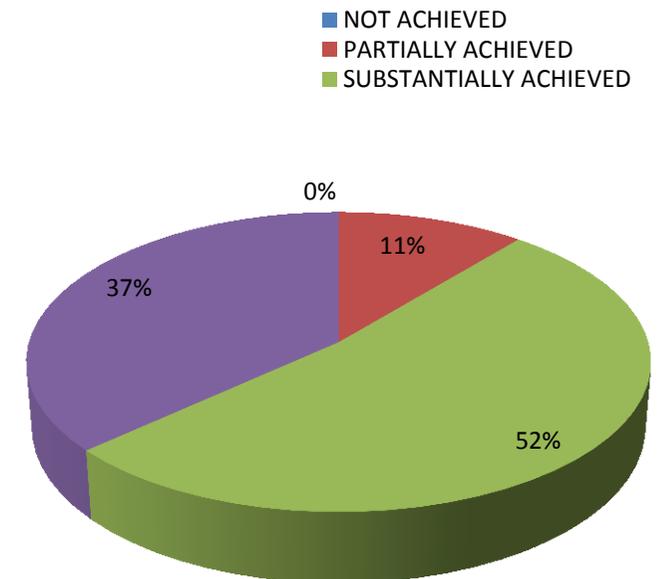| OUTCOME	NOT ACHIEVED	PARTIALLY ACHIEVED	SUBSTANTIALLY ACHIEVED	FULLY ACHIEVED
TOTALS	0	15	59	64
Identify, conduct interpret and record appropriate assements of the occupational human including sensory-motor, psycho-social and context-related dimensions	0	2	9	12
Analyze human movements and human environmnets in order to optimize occupational perfomance	0	1	9	13
Analyze activity and describe its properties in relation to occupaptional form and perfomance	0	3	11	9
Apply activity analysis, movement analysis, contextual analysis and occupationa perfomance analysis in order to explain restricted and intact perfomance components.	0	3	14	6
Apply principles of professional practice on individual, and group and community level	0	3	4	16

Course Evaluation for AHS2043W

- NOT ACHIEVED
- PARTIALLY ACHIEVED

0% 11%
46%
43%
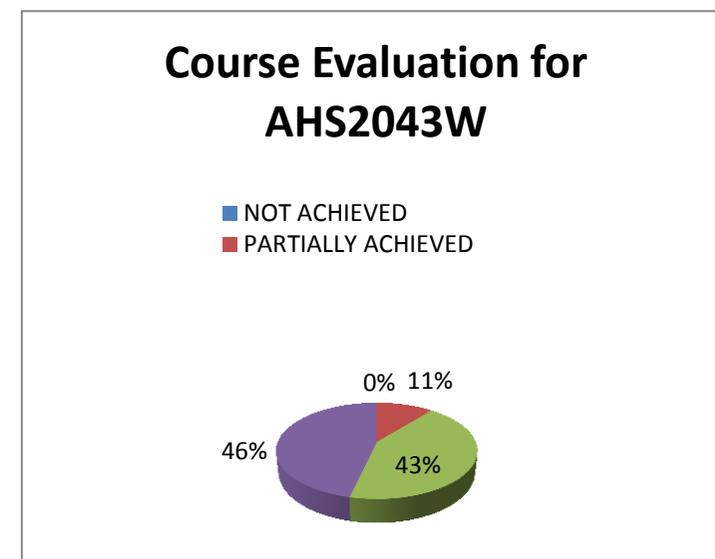
	NOT ACHIEVED	PARTIALLY ACHIEVED	SUBSTANTIALLY ACHIEVED	FULLY ACHIEVED
Demonstrate a multi-disciplinary approach as applied to Disability in PHC	0	3	12	8

COURSE EVALUATIONS FOR AHS3106W (CURRENTLY AHS 3113W)

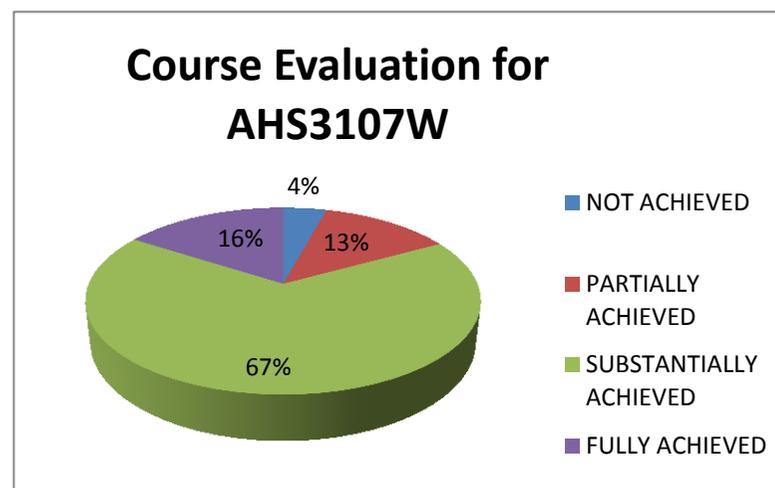| OUTCOME	NOT ACHIEVED	PARTIALLY ACHIEVED	SUBSTANTIALLY ACHIEVED	FULLY ACHIEVED
TOTALS	0	22	104	73
Understand the philosophy of client centred practice	0	0	9	16
Demonstrate competence in following the occupational therapy process	0	1	16	7
Demonstrate skill in selecting, implementing, and applying activity as a means and occupation as an end	0	6	13	6
Understand an work effectively with diversity in context.		2	11	12
Understand professional and ethical use of self in relationship with individuals, groups, and all stake holder	0	0	11	13

Course Evaluation for AHS3106W

Legend:
- NOT ACHIEVED
- PARTIALLY ACHIEVED
- SUBSTANTIALLY ACHIEVED

0%
11%
37%
52%

	NOT ACHIEVED	PARTIALLY ACHIEVED	SUBSTANTIALLY ACHIEVED	FULLY ACHIEVED
Demonstrate an ability to select and apply an appropriate OT practice model matched to the client	0	3	16	7
Demonstrate skill in document OT plans	0	5	13	7
Demonstrate skill in using the 5 modes of clinical reasoning	0	5	15	5

COURSE EVALUATIONS FOR AHS3107W

OUTCOME	NOT ACHIEVED	PARTIALLY ACHIEVED	SUBSTANTIALLY ACHIEVED	FULLY ACHIEVED
TOTALS	**4**	**12**	**63**	**15**
Select, apply and interpret appropriate assessment methods for determining perfomance enablers and perfomance components for a range of 'physical' health conditions	0	0	20	4
Develop and justify a client-centred occupational therapy plan to address perfomance enablers, perfomance components and occupational perfomance as appropriate	0	0	18	6

Course Evaluation for AHS3107W

- NOT ACHIEVED 4%
- PARTIALLY ACHIEVED 13%
- SUBSTANTIALLY ACHIEVED 67%
- FULLY ACHIEVED 16%

Demonstrate skill in selecting, implementing and applying change modalities(including activity as means and occupation as an end) to enabling perfomance and remediate perfomance component deficits	0	2	17	5
Begin to understand how policies inform service delivery and facilitate participation of people with a range of 'physical' health conditions at an individual level	4	10	8	0
TOTALS	4	12	63	15

COURSE EVALUATIONS FOR AHS3108W

OUTCOME	NOT ACHIEVED	PARTIALLY ACHIEVED	SUBSTANTIALLY ACHIEVED	FULLY ACHIEVED
TOTALS	**0**	**24**	**96**	**52**
Demonstrate knowledge about what mental health is and skill in selecting and pplying appropriate strategies to promote mental health and well being	0	2	14	6

Course evalution for AHS3108W

- NOT ACHIEVED
- PARTIALLY ACHIEVED
- SUBSTANTIALLY ACHIEVED
- FULLY ACHIEVED

0%
14%
30%
56%
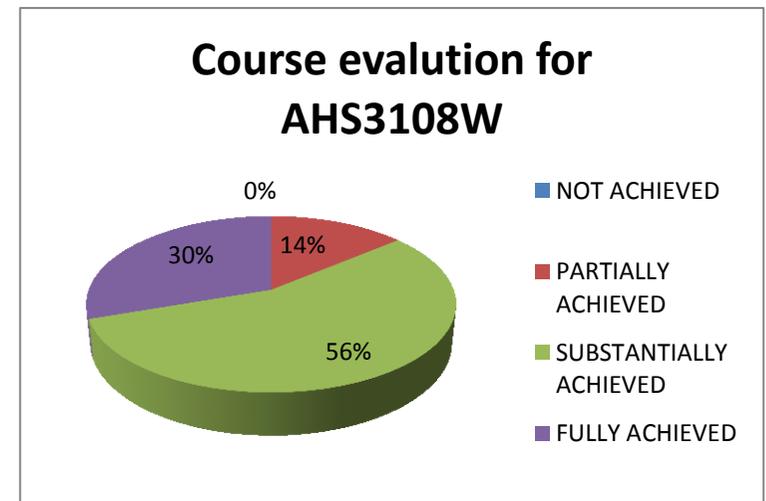
Demonstrate knowledge about mental health disorders and its implications for occupational perfomance.	0	1	11	10
Demonstrate knowledge and skill in client-centred, phenomenological interaction with individuals and groups	0	2	13	6
Demonstrate understanding of scope occupational therapy as it relates to preventive, promotive, remedial, and rehabilitative interventions in mental health and psychiatry.	0	3	13	5
Demonstrate knowledge and skill in the selection, use and interpreatation of a range of standardized and non-standardized assessements suited to the management of occupational performance consequences of psychiatric disorders.	0	2	13	6
Demonstrate knowledge and skill in selection and use of psychosocial techniques and change moadalities that can be used to remediate, adapt, modify or compensate for activity limitations and particiapation restrictions arising from psychiatric disorders.	0	7	9	6

Demonstrate knowledge and skill in altering, adapting and creating optimal occupational environments to support participation and occupational performance following an emotional crisis or mental health episode; psychiatric disability or when structural risks exist that impact adversely on people's mental health	0	4	10	8
Demonstrate knowledge about and skill in planning and executing an occupational therapy process with individuals and groups of mental health service users	0	3	13	5
TOTALS		24	96	52

EXAMPLES OF STUDENTS' COMMENTS

AHS2043W
1. All course content was relevant and interesting a lot of vital information gathered.
2. Thank you for a lovely year. I learnt a lot. I struggle with occupation human and occupational performance. I enjoyed psycho-social ax this year.
3. I really enjoyed 2nd yr * the lecturers are totally amazing.
4. A lot of the sections were "rushed' though. More time practising ROM, Muscle strength etc would be beneficial.
5. Well done.
6. Thanx for all the hard work put into the year. I'm looking forward to next year, if I can get through this OSPE!
7. Very interesting course. I enjoyed it.
8. Interesting and generally well run course. I feel as though I have learnt and grown as an OT exposure to new experiences has opened my eyes to the vast scope of an OT and the need for our expertise.
9. Some assessments given to us in our readers were never explained to us. More time needs to be spent on going through standardized assessment and various tools with the students so we can have a full understanding. Some words limits are too short, and when we cut down our reports we get told we didn't go into enough detail: Word limits need to be re-assessed.
10. This course is not always very organised. When word/page limits are given they are not enforced which puts the people who do follow instructions at a disadvantage.

AHS3106W
1. I feel that I understood the theory but seem to struggle to demonstrate this.
2. I feel that conceptual framework has been beneficial, however I still feel unclear about policies, how they fit in and where to look for these in a setting.
3. Feel this area is taught well and my understanding is fair.
4. Very well lectured. Theory is able to be applied I practice.
5. Foundations, straight forward, good theory to build foundation for block work.
6. I feel I still have room to grow in many of these areas within foundations, a lot of which will come through practice.
7. I think that I struggled with applying a model and the OT process to my clients and perhaps a case study format could be used to practice this?
8. Occupations as means/ends I didn't fully understand the concept. This course helped to understand the other 2 courses better. Although the course and its expectations and assignments could have been better organised.

AHS3107W
1. I found we got a good overview of different diagnoses and found practising case studies very useful in learning the process of intervention. I still feel lost with policies and how to apply these to practice.
2. I don't have a lot of understanding on how to apply, access and interpret policy.
3. There was not enough time allocated to NRP, didn't go over national assistive devices policy.
4. Lectures lay down theory, possible more examples of OT intervention can be given.
5. Well structured programme, maybe more focus on treatment in cognitive disorders-Agnosia etc and examples of activities.
6. More prep for occupational therapy process and policies needed please (clear understanding).
7. I found the content well structured and chosen well, and the lectures interesting, although I struggled to use the theory and apply it to my prac learning. Maybe a suggestion: In class, when giving lectures, lecturers could do a case to apply the theory and the class could discuss the intervention for the case.(we do it with Hanske and its EXTREMELY helpful in applying the theory).

AHS3108W

1. More treatment method related to specific symptom.
2. The course was very well structured, lecture content was well chosen to prep us for block. The content was interesting and relevant and course well organised group work week was a very good experience.
3. The amount of resources given on Vula @ the beginning of the year helped emensly with block.
4. Good well structured course- course reader time table helped.
5. Very well structured & organised course. Expectations are clear
6. I feel I have a good understanding of mental disorders and intervention that can be applied, however I did not always implement standardized Ax even though they where given to us as didn't have full idea of this process. I felt group work was good, however I would of liked to have received notes on the techniques used (facilitation & group) for learning.

APPENDIX 9: Academic support

See article: Janse van Rensburg (2011) Doing, being and becoming a first year occupational therapy student. *South African Journal of Occupational Therapy*. Vol41(2):8-13. Available at:

http://sajot.co.za/index.php/sajot/article/view/80/33