

An innovative curriculum change to enhance occupational therapy student practice

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ABSTRACT

Curriculum planning, revision and development are part of an ongoing process which all departments at tertiary institutions are confronted with on a daily basis. The Occupational Therapy Department at The University of the Western Cape undertook a revision of the undergraduate curriculum in response to political, socio-economic and educational changes in the environment, as well as developments in the Occupational Therapy profession. This article will reflect on the process of curriculum revision that staff has engaged in over the past few years. A model of the new curriculum is presented. A brief overview of the fourth year extended fieldwork practice, which was implemented for the first time in 2003 is discussed. This unique extended fieldwork practice differs from traditional fieldwork practice for final year students at other Occupational Therapy Training Schools in that, instead of three fieldwork placements of seven weeks each in their final year, students are now placed for a year in an area. It is expected that the outcomes of the new Occupational Therapy curriculum will enable graduates to more appropriately face the challenges of South Africa's developing health system.

Key words: Change, curriculum, fieldwork practice, training

Introduction

Change, or the pressure to change is inevitable in educational and professional systems. All political, cultural, economic and technical changes have an influence on health delivery to the greater population.¹ Cartor stated that the rate of change now taking place in the health care field is unprecedented.² The effects touch everyone at all levels from National government to students. All qualified occupational therapists in addition to the different roles they have to fulfill are also at times seen as managers of health care and health care projects and thus their interventions and service delivery to clients should be of the highest quality. The ability to manage change has become an essential skill for all occupational therapists.³ Zukowski proposed that learning to manage change is crucial to the survival of every professional in the health care environment today.⁴ Change involves the loss of the old established ways and requires a grieving process before one can let go of the past and go on to embrace the "future", or the new and modern ways of doing things. The current South African health environment is ready for educational change in many ways for example, the adoption of the primary health care (PHC) approach⁵ as lead theme of the National Health Plan, has led to substantial changes in the approach and structure of public health services, including occupational therapy. Although significant changes have taken place in the PHC approach, comprehensive care is not as yet accessible to the majority of the population.⁶ The University of the Western Cape (UWC) has a history of creative struggle against oppression, discrimination and disadvantage. The University played a distinctive role in helping to build an equitable and dynamic nation. The occupational therapy department has been pro-active since the start of offering the occupational therapy undergraduate training program by placing students in socially under developed communities. Historically and politically these communities

and their members experience occupational injustice and occupational apartheid. These community members have been deprived of equitable opportunities and resources enabling their engagement in meaningful occupations that contribute positively to their own well-being and the well-being of their communities.⁷

Placing students in socially underdeveloped communities is the only way that therapists can learn commitment to the occupational rights of all people and not only those people defined as disabled.⁸ The engagement with occupational rights and participation in meaningful occupations within communities will contribute positively to the well-being of all. For this to be successful there must also be political engagement with those issues that limit peoples' equitable opportunities and resources such as marginalization, exploitation and powerlessness.⁹ The exposure of the students to these multi-sectoral learning opportunities, forces students to interpret fieldwork in a different way from those traditionally associated with the profession. However what can educators do to support this type of effective, meaningful educational change? Educational change depends on what educators and clinicians do and think and how they act. And includes ways of getting students to engage in change and in their education as a whole and giving them experience and skills to participate as change agents. In preparing students to work within a broad definition of health, enables occupational therapists to plan and monitor comprehensive occupational therapy services that promote social justice, equity and community development through occupation.¹⁰

Rationale for reviewing the occupational therapy curriculum

Developments within the profession of occupational therapy on a global as well as on a local scale had an influence on the role,

scope and education of professionals.¹¹ The emerging science of occupation together with a flood of research concerning occupation, caused the staff of the occupational therapy department at the University of the Western Cape to consider how occupation could be a central theme in training. The motivation for including occupation as one of the main themes in the occupational therapy curriculum was that it offers a non-medical paradigm which focuses on health and well-being. Occupation is relevant to primary care, health promotion and the interface between lifestyle and mental health. One of occupational therapy's core assumptions is that engagement in occupations influences well-being.¹² Historically, occupational therapy has been associated with the bio-medical and psychotherapeutic approaches to intervention. Educating the students for the realities of practice, demands the development of suitable models of education.¹³ At the same time, health professional education programmes have an ethical responsibility to ensure that students are competent to deal with local health and development needs.¹⁴

Over the past years several frames of reference and models have been developed such as the Ecology of Human Performance model (EHP) designed by the University of Kansas with the core assumption that people are embedded in their context, and to consider their performance without considering the context in which they perform would be a misjudgement of their actual performance.¹⁵ The Conceptual Framework of Therapeutic Occupation (CFTO) provides definitions of occupational concepts specifically the relationships among these concepts.¹⁶ The Person-Environment-Occupation model (PEO) was developed by a number of colleagues at McMaster University in Canada with the assumptions that the components of person, environment and occupation interact continually over time and space, resulting in a relationship that can vary in terms of the congruence of the fit.¹⁷ Occupational science puts occupational concerns before medical conditions, and provides a scientifically validated foundation that better enables practitioners to serve the public good. According to Christiansen & Baum, occupation is understood in occupational therapy as, "...all things that people do, the relationship of what they do to who they are as human beings, and what they may become as a result".¹⁸ It became apparent that, in light of international developments in terms of occupational science and frames of reference, that there was a need to be guided by a theoretical framework based on scientific research, which would assist students to understand the occupational paradigm as it applies to the practice of occupational therapy. By so doing, students would have a better understanding of what occupational therapy is all about, and be able to view their clients from an occupational perspective within an occupational framework, enabling clients to cope with their lives in a more functional way.

Developments in Higher Education in South Africa and a renewed focus on adult education principles have also challenged the staff at UWC to consider alternative and more appropriate teaching and learning strategies such as problem-based learning and co-operative learning. This has enabled the staff at UWC to meet some of National Council of Higher Education's objectives, that is, to develop analytical and critical thinking, creativity and problem solving skills and to ensure that all students derive maximum benefit from their higher education experience.¹⁹

The Minister of Education has called for the development of a new educational vision, which challenges students and academic staff to engage with communities in assisting the Government to carry out its Reconstruction and Development Programme.²⁰ Such engagement would allow students to develop professional skills making them more employable and would provide academics with a more realistic understanding of development needs. This would achieve better insights into the challenges of changing curricula to meet current and future demands. As far as occupational therapy is concerned, an internationally recognised curriculum framework exists that provides minimum standards that can be adapted for cultural and local relevance.²¹

In addition to these factors, continuous critique and feedback from lecturers, students, supervising staff and clinicians was valuable

in assisting the staff in the occupational therapy department at UWC to devise and implement a revised curriculum which would enable students to meet the social and occupational needs of clients with whom they have to work within different communities as part of their fieldwork training. At the same time staff had to look at the way in which students could be prepared for changes happening in the macro environment. To this end a new model of fieldwork practice was developed.

Process of curriculum review

In 1996, the staff in the UWC Department of Occupational Therapy approached the idea of curriculum change with a certain level of excitement and enthusiasm, perceiving the whole process as an adventure and a challenge that created opportunities to enhance their skills as educators whilst enhancing student practice. Facilitating change is never an easy task but as Beer, Eisenstat & Spector suggest, the most effective way to manage change is not to focus initially on individuals' knowledge and attitudes, but rather by putting people into a new context, which imposes new roles, responsibilities and relationships onto them,²² and which consequently causes peoples' behaviour to change. Bruning believed that giving people a sense of control by involving them in the process of planning decreases resistance and he maintains that lack of involvement is the main reason why many changes at work never get off the drawing board.²³

The process of curriculum review began with a workshop, which developed into a number of ongoing workshops over the following years. The occupational therapy staff at UWC specifically looked at their special niche as a department, which focuses on community-based education and community-based rehabilitation. One of their strengths was that their students were representative of all communities and cultures of the Western Cape. Curriculum slots were implemented on a weekly basis for staff to engage in lengthy discussions and debates around questions such as "what do students bring with them that are positive?" and "what challenges do students face?" From these discussions central themes emerged which developed into key skills that their graduates needed; these were firstly good communication skills and secondly, life-long learning skills.

The staff then revised the Department's mission statement which now states that interdisciplinary learning is promoted and graduates are enabled to function as effective members of the multidisciplinary team. Fieldwork training is community orientated and community based with the purpose of producing graduates who will understand their clients as occupational beings and who will base their interventions on sound theoretical principles and models of Occupational Therapy. Lastly the mission statement promises to produce graduates who will offer appropriate intervention at all levels of care through interdisciplinary teamwork as part of the Primary Health Care system in Southern Africa.

This revised departmental mission statement guided the process of change being made to the written curriculum. In the process staff realized that change is nothing new and indeed has been their constant, but they also realized that change is faster and more complex than it has ever been before.²⁴ Occupational therapists need to embrace a new mindset, which is more in tune with the realities of the 21st century. Zukowski stated that we are and will be living in a constantly changing world and regardless of whether or not we accept change; we must learn to manage it.⁴

Model of the revised University of the Western Cape Occupational Therapy Curriculum

The first year is seen as a foundation year with shared courses with other departments in the Faculty of Community and Health Sciences. The second and third years are divided into the four developmental stages of childhood, adolescence, adulthood and older adulthood. The occupational therapy process is applied and followed in each stage using the American Occupational Therapy Association's Uniform Terminology document as a framework at all levels.²⁵ The other key components running through the curriculum are Research, Fieldwork and Human Occupation. The second and third years of study constitute practice informed by theory, highlighting the development of critical reflective skills. Based on theory as well as their



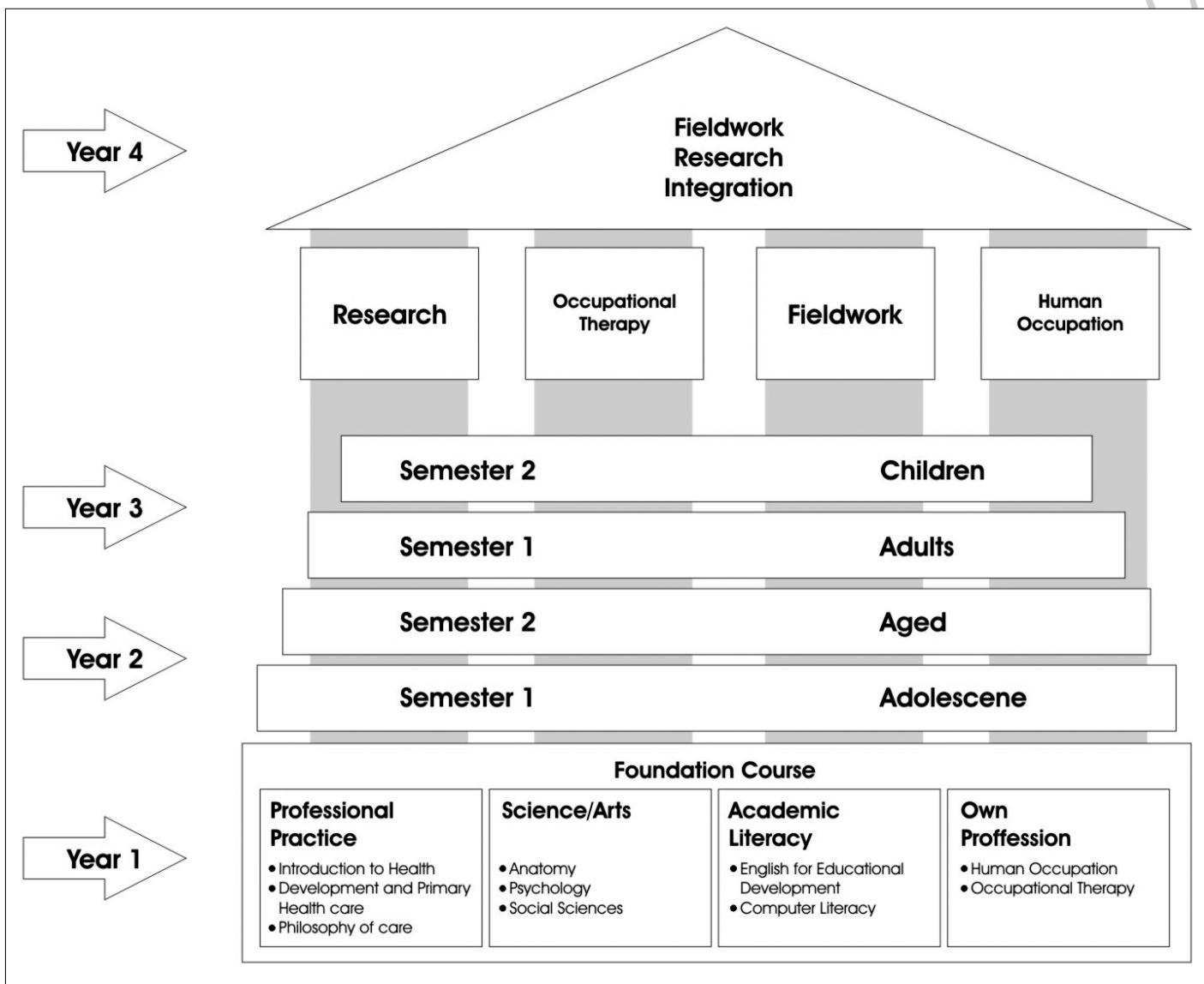


Figure 1: Model Occupational Therapy Curriculum

experience and feedback received from various stakeholders OT staff from UWC decided that the fourth year should comprise of a one year extended fieldwork placement during which students are placed in one of the department's partner communities.

Rationale for the implementation of an extended fieldwork practice

Fieldwork is seen as a fundamental component of student training in occupational therapy education. Mackenzie stated that in order for students to make the most of their fieldwork learning experience, it is important to explore the way that students process their practical learning and how they use what they have learnt in future practices.²⁶ The staff had realized that the traditional fieldwork placement of approximately six weeks was too short for students to see the benefit of their interventions. As previously stated, one of the intended outcomes of the revised curriculum was for students to become life-long learners. This implies that learning has to be ongoing and we therefore felt that this could be achieved by putting students in an extended fieldwork placement. At the same time this would also allow students to experience the demands of a normal working situation or in other words – how qualified occupational therapists work in real life. Reid-Henry says that fieldwork can be a lived experience in which the practice of fieldwork and the production of knowledge are mutually constitutive in any given fieldwork context.²⁷ The UWC staff also believed that such an extended fieldwork placement would allow for realistic networking and follow-up of clients while at the same time building professional relationships and sustainable services. Costa and Burkhardt state that fieldwork

education prepares students to become competent, entry level generalists who can function and thrive in a rapidly changing and dynamic health and human service delivery system.²⁸ The implementation of such an extended fieldwork block would also allow for a prolonged student fieldwork experience that creates a variety of opportunities for student learning. Tan, Meredith and McKenna stated that experiences during clinical placements are the greatest influence on occupational therapy students.²⁹ Bonella supports Tan, Meredith and McKenna by saying that clinical placements enhance students' clinical reasoning, problem solving and professional skills.³⁰ Staff in the occupational therapy department at UWC also felt that such an extended fieldwork block would enable students to develop and practice personal, professional and ethical skills and responsibilities e.g. time and stress management skills.

Overview of the extended fieldwork practice

A major component of the curriculum review process was the development of three fieldwork process models. These are the:

- Individual Process Model (IPM)
- Group Process Model (GPM)
- Community Process Model (CPM)

The **INDIVIDUAL PROCESS MODEL (IPM)** focuses on the client, his/her context and his/her life story. Intervention is guided by the occupational therapist's understanding of the client, his/her context and presenting problem. The Individual Process Model allows for the application and integration of various frames of reference, models and approaches. Following this process model results in realistic intervention, outcomes, goals and objectives.

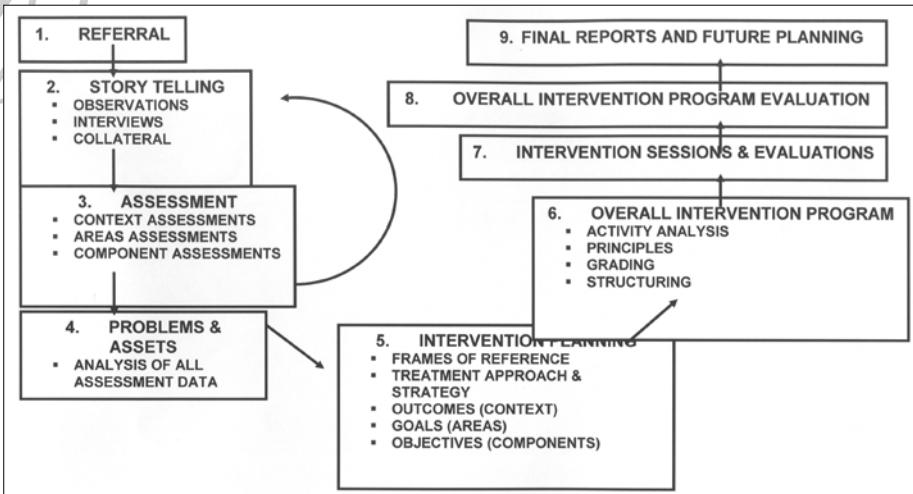


Figure 2: Individual Process Model

Step 1: Referral

In step one the client can be referred to occupational therapy by any health professional, teacher, rehabilitation worker and not by a medical practitioner only.

Step 2: Story telling

During this step, the student gathers the information about the client, his or her story telling. After listening to the client's story telling, the student decides if this client does need occupational therapy intervention or if he or she should be referred to other health professionals.

Step 3: Assessment

The student now gathers detailed information about the client's context (who the client is, where he or she comes from, his or her life in general for example age and stage, home environment, community environment and the social situation, work history, cultural aspects etc.).

The student needs to do a detailed assessment of the client's performance areas (self maintenance, work and leisure). These performance areas assessments will highlight for the student which performance components assessments need to be done.

Step 4: Problems and assets

The student needs to take into account the client's context information and then draw up an appropriate problems and assets list.

Step 5: Intervention planning

Before the student can proceed with intervention planning, the student has to have a clear understanding of their client as an occupational being (his or her life roles, tasks and context). Based on this understanding, the student will select appropriate frames of references to guide the intervention within the hospital setting and the community to which the client will return. For example, in the case of a spinal cord injured client, the student would be guided by a combination of Bio-mechanical and Rehabilitative frames of references. Intervention approaches can focus either on the client or his or her family or caregiver or both. For example an educational approach focuses on educating the family member or caregiver on how they would manage the client's intervention. For example, providing the mother with a home programme to implement with her child. The mother is able to fulfill her occupational role as a mother to her child.

In the planning of the client's overall intervention, the client, his or her family, and/or caregivers are all involved in the planning of his or her intervention. There is no specific time limit in planning the client's outcome, it is based on how the student sees the client's functioning in the future. The client's context information and how he or she performs in the performance areas, will guide the students outcome planning. The goals for the client focus on the time that the student will be treating the client and the focus will be on the client's performance areas. The objectives focus on the improvement or maintenance of the client's various performance

components needed for the client to be able to fulfill his or her performance area tasks.

Step 6: Overall intervention program

The overall intervention programme is drawn up by the student to plan for the client's intervention according to his or her context and occupational function. This includes the consideration of each of the intervention approaches (for example, when using the remediation approach, the activities selected need to focus on the client's assessed components, a rehabilitative approach will focus on the client's occupational functioning), the appropriate activities, techniques and principles to be used. Grading and precautions must also be considered. As the student's fieldwork block extends

for the period of a year, the overall OT intervention programme must serve as a broad outline or plan to guide intervention both within the hospital and community setting.

Step 7: Intervention sessions and evaluations

This step covers the specific detail of each intervention session and must correspond with the overall intervention program. Each session is evaluated and this information leads to the overall intervention program evaluation.

Step 8: Overall intervention program evaluation

Here the student must evaluate if the client's goals and objectives have been met. If so, the client is discharged from the OT programme. Final reports are written and appropriate handover is done (REFER TO STEP 9). If the client's goals and objectives have not been met, adaptations are made to the intervention program so as to achieve the desired goals and objectives.

Step 9: Final reports and future planning

At the end of the one year fieldwork block, the students draw up a final report based on their overall evaluation of the client's performance. This final report must be hand-over to the appropriate people. Suggestions are also made in terms of the client's future planning.

The **GROUP PROCESS MODEL** (GPM) focuses on a group of clients taking into account their context and their needs. This process model can be adapted to apply to various types of groups. The occupational therapist's understanding of the client's context and needs guides the intervention, which focuses on appropriate performance areas.

Step 1: Referral

In the referral phase, the student needs to establish if the group is already in existence and if so, the student needs to know where the group came from, how it was formed, how it has been running and why. If the student is to start a new group, he or she needs to know who referred the group members and why. The GPM can be applied to groups within an institutional setting or within a community setting.

Step 2: Assessments

In the case of an established group, the student does a (2.1) group history assessment in that he or she needs to understand why the group was established, by whom, when and where etc. The student also needs to do (2.2) formal or informal assessments of the various group members.

In the case of a new group, the student would need to formally and informally assess each individual group member. These assessments include an understanding of the clients' context, their performance areas and the appropriate performance component assessments.

Step 3

From these assessments, the student will determine the **TYPE OF GROUP** that he or she will run.

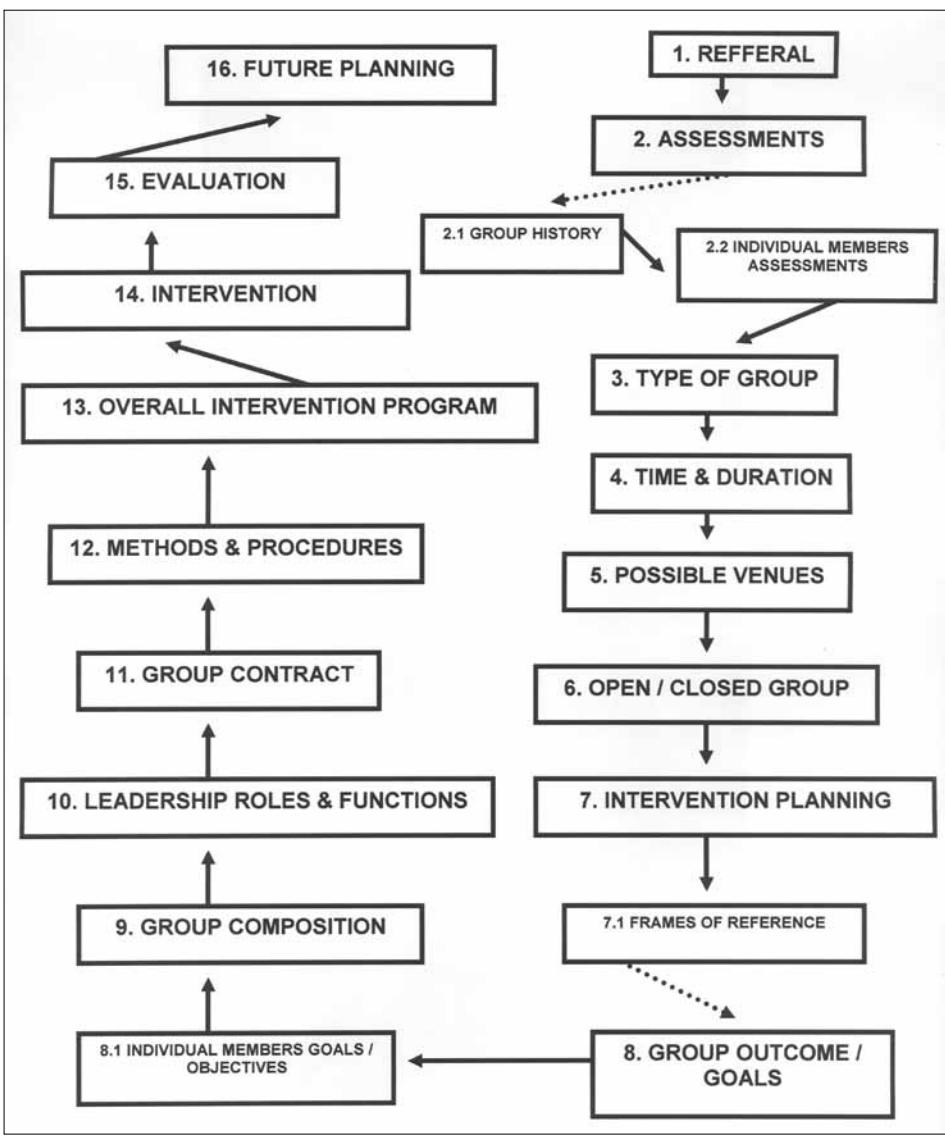


Figure 3: Group Process Model

Step 4

The TIME AND DURATION for the groups will be determined by the context in which the group is to be run. For example in an institution, groups need to follow a set timetable whereas within a community setting, the student and the group members will negotiate the time and duration of the groups.

Step 5

The VENUE is determined by the context in which the groups will be run.

Step 6

The context and or the type of group will determine if the group is to be an OPEN OR CLOSED one. The student is expected to always keep in mind how the dynamics of an open group will differ to those of a close group.

Step 7

PLANNING INTERVENTION is seen as a dynamic process. The student needs to keep in mind the appropriate frames of references and intervention approaches to be applied.

Step 8: Group outcome/goals

In the planning of the group's outcomes, the student needs to remember that the outcomes will be measured over a longer period of time and that they will be related to the performance context of the group. The group goals will be measured for the duration of the students' fieldwork practice and will be related to the performance areas of the group. The individual members goals must relate to the overall group goals. The individual group

members' objectives must be drawn from the appropriate component assessments of the individual group members done (REFER TO STEP 2.2 OF ASSESSMENT). This will guide the student in drawing up appropriate individual group members' objectives which are linked to the performance areas.

Step 9: Group composition

In this step, the student consolidates all the gathered information in relation to each group member and highlights the most relevant information. For example in the case of groups run in a mental health context, the student must include all the Axes of the DSM IV.

Step 10: Leadership roles and functions

STEP 9 and 10 are very interlinked. The student will select the most appropriate roles and functions of leadership for the group and must be able to rationalize their reason(s) for selection and to change as this is a dynamic process.

Step 11: Group contract

The group contract is a collaborative contract between the student and the group members. Included in this contract, is a clear understanding of the expectations of the group members and the consequences if the contract is not adhered to.

Step 12: Methods and procedures

This phase take into account the time-frame of the group intervention, the student's leadership roles and functions, the various characteristics of each stage

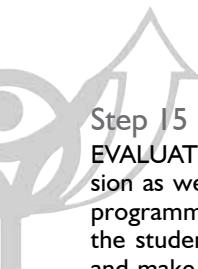
of the group (design, formation, development and termination) and the selection of appropriate warm-ups and activities and the motivation therefore.

Step 13: Overall intervention programme

The contracting with community members is part of the implementation process of the CPM. The overall intervention programme links with the methods and procedures in that the student needs to discuss with the group members (this can be done in a table format) the activities, principles, techniques, timeframe, grading and intervention approaches. A realistic activity analysis is important for the success of the overall group intervention.

Step 14: Intervention

Students are expected to plan and write up each intervention according to a set guideline. The planning of the group sessions must address the group members' occupational performance (life roles and tasks) or lack thereof. For example, running an educational group on income generation with older adults who are financially supporting their grandchildren. These intervention sessions are the detailed information as set out in STEP 13. The individual group session plan must include the overall members goals, the individual member's objectives and the appropriate approaches, principles and techniques. Supervisors' experience has shown that students find it easier to write out the intervention sessions in a step by step format highlighting principles for handling, structuring and principles for the different components according to the group members' occupational performance.



Step 15

EVALUATIONS are done for each individual intervention session as well as an overall evaluation of the overall intervention programme. In these ongoing individual intervention sessions, the student is expected to evaluate the process of the group and make appropriate adaptations if necessary. These ongoing evaluations will lead the student to determine when the group can be terminated.

Step 16

FUTURE PLANNING must keep in mind the selected outcomes and goals for the group and its members.

The **COMMUNITY PROCESS MODEL** (CPM) focuses on gaining an understanding of all aspects of a community. Intervention is then based on the priority needs which have been highlighted through a needs assessment. Intervention takes the form of a variety of projects which address the highlighted needs.

Step 1: Community entry

The students are placed in community settings after UWC staff has negotiated the placements with the appropriate community leaders.

The first step in this process is the application of the principles of look, listen and learn. In terms of looking, the students need to observe all aspects of the community for example, resources, infrastructure, community interaction etc. The listen principle requires that students interact with community members for example, policemen, teachers, fruit sellers and general people on the street. The learn principle requires an interpretation of the look and listen principles.

Step 2: Assessment

2.1 The **COMMUNITY PROFILE** assesses the infrastructure and the dynamics of a community. The student needs to understand the population, the geographic location and have a clear understanding of who inhabits this community. The students make use of statistical information to guide their understanding of the community profile. The people, their roles, status and influence as a resource?

2.2. NEEDS ASSESSMENT. Students gather the information on a community by using the different aspects of the information pyramid (WHO 1995)³¹ looking at community information (community composition, community organization and structures and community

capacity). The environmental aspect looks at the physical-, social- and economical environment and disease and disability profile. The service aspect covers health -, environmental - and social services. Finally, it investigates the implementation of the health policies that have an impact on the community.

2.3 NEEDS ANALYSIS. At this stage students are required to analyze all above information to arrive at an understanding of what the occupational performance needs are of the community. Students then select one of the needs and using occupational therapy frames of references and Health Promotion principles draw up a motivation for a project (see 2.4).

2.4 MOTIVATION FOR A PROJECT. When motivating for a project the student must keep in mind the community resources, time frame and community participation. For example, non-working community members setting up a Day Care Centre for children of working community members, thereby enhancing the various community members' occupational functioning.

Step 3: Intervention planning

3.1 The **OUTCOME** is a broad vision for the project which must keep in mind the selected frame of reference and Health Promotion principles.

3.2 The **OUTCOME INDICATORS** are points that the student will use to measure the success of the project over time (one year) and to keep them on track.

3.3 The **OBJECTIVES** are specific steps used towards achieving the outcome (including frames of reference(s) and Health Promotion principles).

3.4 The **PROCESS INDICATORS** are measurable and act as markers to show students that the project is going as planned.

Step 4

INTERVENTION is the students' action plan for the project.

4.1 The **INDIRECT INTERVENTION** involves activities that the students need to do to ensure that the direct intervention will be effective. For example making phone calls and setting up interviews.

4.2 The **DIRECT INTERVENTION** involves all activities that link directly to the selected project. For example WHAT will be done,

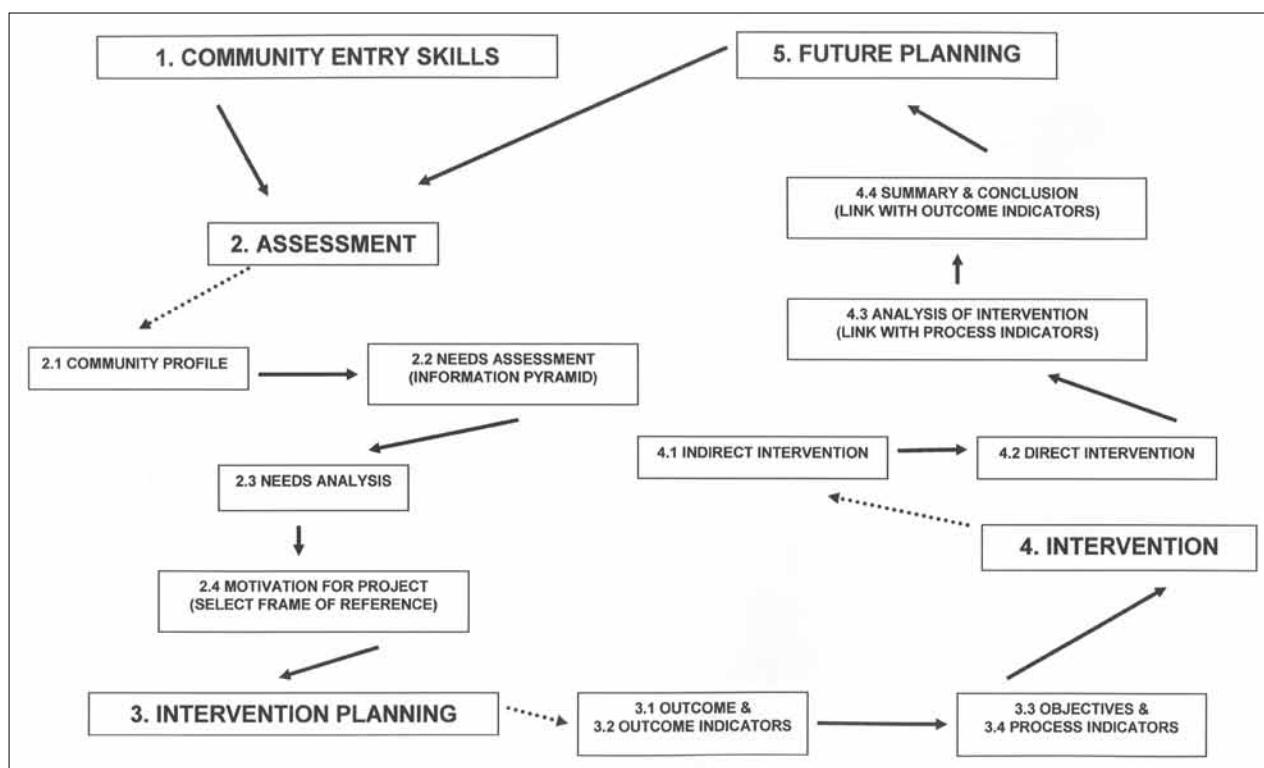


Figure 4: Community Process Model

WHEN it needs to be done, WHY it needs to be done and HOW, WHERE and by WHOM it needs to be done.

4.3 ANALYSIS OF INTERVENTION is when the student reflects on the direct and indirect intervention and considers whether and which of the objectives and process indicators have been met.

4.4 SUMMARY AND CONCLUSION is a reflection on the outcome indicators which will show whether the original outcome for the project has been met or not.

Step 5: Future planning

The student compiles a final report which they will hand-over to relevant community role-players with recommendations in order to ensure the sustainability of the project. In the case of the outcomes not being met, the student must hand-over recommendations on how to address the situation.

Students need to complete all three Fieldwork Process Models during their year-long extended fieldwork practice. The fieldwork placement determines which process model students' start with, but students select the order of the process models to be used. Once they start with a Process Model they continue with it for the remainder of the year. They also carry out their research within their placement during the year. Because the year is divided into four terms, students focus on one process model per term but they still keep in mind the other two process models and the research component. For example: when students enter the fieldwork placement, the written work and focus might be on process model one. This means that their written work and client intervention is all centered around process model one. However they need to be considering how process models two and three could be addressed. At the same time, students need to be on the look-out for possible research questions arising from the community where they are placed. During term two the focus moves to process model two, whilst the student continues with intervention for process model one. The student keeps in mind process model three and the research. During term three the focus is on research that has been developed within their fieldwork setting. The student continues with intervention of process models one and two, keeping in mind process model three. By the end of the fourth term, although the focus has been on process model three, the student has been engaged with this model since the first term. The intervention of process models one and two continues into the last term.

It is expected that the student demonstrates the application of theory (taught and researched) in the three process models. These process models allow for flexibility for students to research and apply new and relevant theory over and above those theories taught in class.

The extended fieldwork practice has three main aspects namely staff input and supervision and student learning, although staff supervise and give input throughout the year regarding students clinical performance in fieldwork. It is concerned with how and what students do with the feedback and how they incorporate their experiences in future fieldwork practices for their own learning and development.

This extended fieldwork placement facilitates the student's personal, professional and ethical development. For students to be placed for a year in an area, allows them the opportunities for deepening inter professional relationships with colleagues, clients and community organizations. Being placed in a fieldwork area for a year, also allows students a longer time to be accepted and integrated into the community, whilst encouraging life-long learning and good communication. Throughout the year, students have to develop a portfolio to reflect on their intervention as well as their learning, growth and development. Students get the opportunity to present each term's development in the format of a portfolio presentation (refer to Figure 5), which is assessed using rubrics. These rubrics are weighted to incorporate and reflect student learning and development throughout the year.

The expected outcomes of the revised occupational therapy curriculum at the University of the Western Cape are, that it will

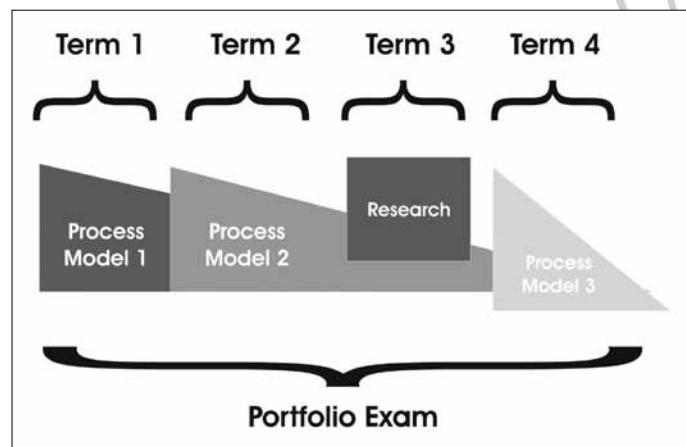


Figure 5: Fieldwork Process Models during year long extended fieldwork practice

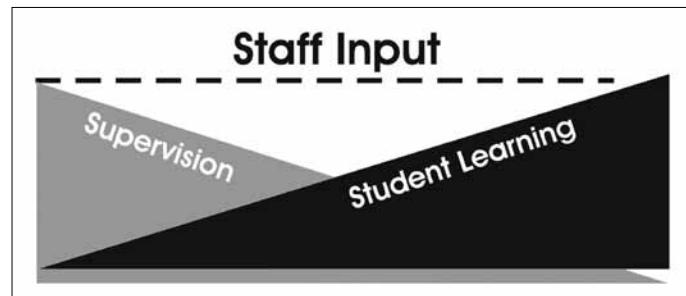


Figure 6: Staff supervision/input versus Student learning

enable students to be effective communicators, life-long learners, critical and creative thinkers, clinical reasoners, reflective practitioners and competent community-based rehabilitators with a solid foundation and understanding of humans as occupational beings.

Conclusion

Bruning stated that people in all professions have trouble dealing with change.²³ However, Poggenpoel suggested that if emotions of the changed situation are ignored, change will not be supported.¹ Change is uncomfortable: a wise saying holds that "the only person who welcomes change is a wet baby". Redstone and Wilson believed that the groundwork of good leadership and good management creates a culture in which change is acceptable.³¹ Chapman on the other hand suggested that taking good care of employees in this specific case occupational therapists - leads to better care of patients and clients.³² The knowledge of change as a phenomenon, the emotions it may provoke and the key factors influencing success or failure of the change process, will prepare students and future occupational therapists to be active participants in the health care challenges of the future.

Acknowledgement

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