Developing an Indigenous, Entry-Level Master's Degree Program in a Country with an Emerging OT Profession

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Abstract

In the Republic of Trinidad and Tobago the full range of physical, mental, psychological, and socially derived problems of occupational engagement exist. Occupational therapy is often a part of the health care team to address these challenges; however, the profession is at an emergent stage in the country. This paper describes a process used for the development of an indigenous entry-level master's degree program in occupational therapy. The process was also supported and enhanced by the collaborative relationships among key stakeholders, including global partners. A qualitative design process was used to analyze the health care needs, barriers, and strategies that impact the sustainability of the proposed program. This included 47 survey respondents, 10 semi-structured interviews, and a focus group. The findings led to the development of curricular threads that informed the curricular framework of the program. The curricular framework will safeguard the sustainability of the program and the clinical relevance of its content and methods relative to the community the graduates will serve. Systematic review of curricular design and program outcomes is needed to enhance the intended learning experience of the occupational therapy students.

Keywords

curriculum development; curricular threads; partnerships; education; sustainability

Cover Page Footnote

Credentials Display

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Internationally, there is an increasing demand for occupational therapy services (World Federation of Occupational Therapists [WFOT], 2014). The shortage of qualified practitioners is due, in part, to the increasing number of persons with disabilities, an aging population, and an expansion in definitions of health and wellness. As a core discipline of the health care team, occupational therapy is in demand in countries where the profession is well developed and, to a lesser extent, in countries where the profession is emerging.

The twin-island Republic of Trinidad and Tobago is a developing country in the Caribbean with a population of 1.3 million people (Central Statistical Office [CSO], 2011). Of the total population, 96% resides in Trinidad and 4% in Tobago, the smaller island. There is a need for an estimated minimum of 250 occupational therapists in Trinidad and Tobago and a similar number in the wider Caribbean per country. The World Health Organization (WHO) estimates that 15% of the world's population lives with a disability, with 2% to 4% living with significant difficulties in functioning (2001). Therefore, in Trinidad and Tobago, approximately 195,000 persons could potentially benefit from occupational therapy services. There are, however, currently 16 occupational therapists registered to practice in the country, with only four of the 16 working in the public sector.

Trinidad and Tobago is considered an ageing society with persons 60 years of age and older representing 13.4% of the population (CSO, 2011). This group is anticipated to increase to 17.7% in 2025 and 30.1% by 2050 (Rouse, 2013). In addition, in Trinidad and Tobago there is an increase in chronic diseases, with 60% of all deaths attributed to chronic non-communicable diseases or conditions. The top five are ischemic heart disease, malignant neoplasms, diabetes mellitus, cerebrovascular diseases, and injury/external causes. These health conditions and many other socially based health problems are in the domain of occupational therapy intervention.

Occupational therapy has existed in the wider Caribbean region in a similar manner for more than twenty years. In 1991, nine occupational therapists from Antigua, Barbados, Jamaica, and Trinidad and Tobago formed the Association of Caribbean Occupational Therapists (ACOT) (www.caribbeanot.com). Despite the established need, efforts to develop an occupational therapy program in these ACOT countries have been limited to the rehabilitation technician level in Barbados.

In Trinidad and Tobago, private health care employers, public regional health authorities, government ministries, and policy makers have recognized the need for the development of a skilled workforce in the discipline of occupational therapy. Recruitment of foreign-trained qualified occupational therapists has been the usual method of attempting to meet the need; however, this method has not been sustainable because of the high costs of recruitment and the challenge of developing cultural competence in foreign-trained non-national practitioners. Another short-term method for providing occupational therapy services is through student services involving foreign occupational therapy students who complete their fieldwork

placements in Trinidad and Tobago. This approach has raised questions about the quality of occupational therapy services, long-term sustainability, and the ethical considerations of using students to provide services (Cameron et al., 2013). Consequently, the government has started providing scholarships to nationals but because of the migration of qualified therapists, there has been a limited return on the investment. The establishment of an occupational therapy program to serve Trinidad and Tobago as well as the wider Caribbean region is well aligned with current national policies and is seen as a viable strategy to providing occupational therapy services to the society.

While the occupational therapy literature includes curricular models produced from programs where the profession is well established (De Jongh, 2009; De Jongh, Hess-April, & Wegner, 2012; Hooper, Alter, & Wood, 2011), there are few models to inform the process of developing new occupational therapy programs in countries where the profession is emerging. Further, the design of occupational therapy curricula in countries or regions where the profession is well established is guided by nationally accepted standards adopted by the accreditation bodies in those countries (Accreditation Council for Occupational Therapy Education [ACOTE], 2013). In countries where the profession is emergent, accreditation bodies specifically responsible for occupational therapy programs do not exist, which creates a challenge for curriculum development.

In the absence of such models, this paper aims to describe the process undertaken in Trinidad

and Tobago to develop an indigenous, entry-level master's degree program in occupational therapy at the University of the Southern Caribbean (USC) located in Trinidad and Tobago. The development of this program is done with the hope that it will serve as a model to inform the curriculum development process in similar contexts where the profession is emerging. The research team designed the process to safeguard the long-term sustainability of the master's degree program in occupational therapy as well as to meet internationally recognized standards. In Trinidad and Tobago, the regulatory body for occupational therapy is the Council of Professions Related to Medicine (CPRM), which is housed in the Ministry of Health. Currently, eligibility to register with the CPRM requires that occupational therapists be graduates of WFOT-approved programs and educated at the master's level (with the exception of graduates from the United Kingdom for reasons outside of the scope of this paper). For this reason, the local USC occupational therapy program was developed at the master's level. In the absence of a local accreditation body with standards specific to occupational therapy, the program planners sought to gain WFOT approval by meeting the *Minimum Standards for the Education of Occupational Therapists* established by the WFOT (WFOT, 2002).

The WFOT specifically requires that new programs demonstrate that they are not wholly imported from foreign established programs, but rather have been developed in response to locally identified occupational needs of the society they will serve. The WFOT, however, also requires

partnership with an established educational program. In this case, the USC partnered with Loma Linda University in the United States. Therefore, in addition to partnering with local agencies to safeguard the sustainability of the program, the developers also collaborated with global organizations that would enhance the quality of the curriculum (see Figure 1).
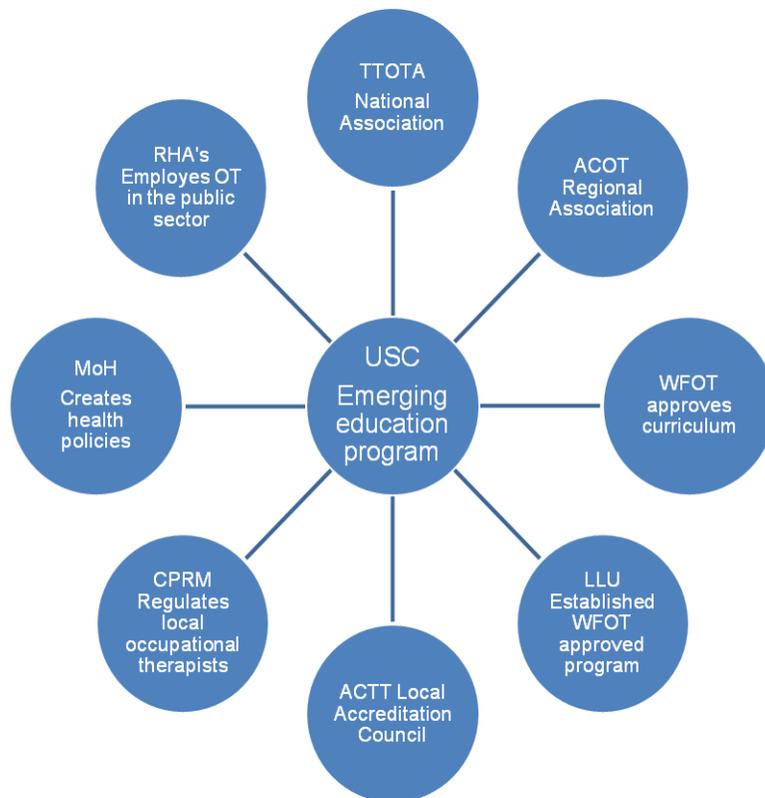
Figure 1. The local and global partnerships with the emerging master of occupational therapy program at the University of the Southern Caribbean. TTOTA = Trinidad and Tobago Occupational Therapy Association; ACOT = Association of Caribbean Occupational Therapists; WFOT = World Federation of Occupational Therapists; LLU = Loma Linda University; ACTT = Accreditation Council of Trinidad and Tobago; CPRM = Council of Professions Related to Medicine; MoH = Ministry of Health; RHA = Regional Health Authorities; USC = University of the Southern Caribbean.

Methods

The research team devised a research methodology to investigate the strategies for and barriers to the sustainability of a new master's degree program in occupational therapy and the identification of the local occupational needs of the population the program would serve. We felt that early identification of these was critical to the process of developing the entry-level master's degree program in occupational therapy. The methods used to determine the strategies for and barriers to establishing the program included a survey sent to occupational therapy practitioners practicing in the Caribbean or with prior experience practicing in the Caribbean and interviews with key stakeholders. The university institutional review boards approved all research. A purposive sampling method was used to recruit eight

stakeholders who represented the stakeholder groups of health care professionals, disability organizations, consumer groups, educationalists, government agencies, and occupational therapists. The three occupational therapists who took part as stakeholders represented both local and regional associations with practice areas covering adult physical rehabilitation, pediatrics, and mental health in Trinidad and Tobago and two other countries in the Caribbean.

Survey and Semi-Structured Interviews

A survey was designed to gather qualitative and quantitative data to describe the demographics and professional experiences of occupational therapists practicing in the region or Caribbean occupational therapists with an interest in practicing in the region. The survey was posted online and sent out to occupational therapy groups and associations inviting occupational therapists of Caribbean origin or with experience practicing in the Caribbean to participate. The research team developed the survey as part of the study design in order to specifically gather the collective voice and insight on the development of an occupational therapy program from occupational therapists practicing in the Caribbean.

The analysis of the quantitative data by descriptive statistics presented a snapshot of the type and breadth of occupational therapy expertise existing in the region as a whole. The survey also gathered qualitative data from the respondents on their professional experiences and their opinions on the features that would be essential to the curriculum of the proposed program. We received 47 responses to the 20-item survey. The responses

provided information on the relevance and sustainability of a new indigenous occupational therapy program. In the comments of the survey, the respondents expressed their concern about new graduates' ability to apply their knowledge of occupational therapy to local populations. The respondents emphasized that graduates need to be responsive to particular health conditions impacting the local populations. The survey findings also explored the challenges that these occupational therapists practicing in the region felt the new graduates would encounter in their post-graduate working environments. Data from the 47 survey respondents identified educational strategies and professional preparation as essential for entry-level clinicians to practice competently in the region. The survey data is not reported here; however, the findings were used to guide the development of the semi-structured interview questions and follow-up focus group questions with key stakeholders regarding the creation of an occupational therapy program.

The second strategy involved eight individual semi-structured interviews and a focus group (Kielhofner, 2006). The initial semi-structured interviews were held at the offices of the key informants or at mutually selected locations in order to elicit a natural narrative from the participants (Franits, 2005). The semi-structured interview consisted of 20 questions based on a literature review, the findings of the survey, and a review by the research team. The interviews ranged in length from 45-55 min. Sample interview questions are listed below.

1. What would you consider essential to the success and sustainability of a (occupational therapy) program in a context like Trinidad and Tobago?

2. What are some things you think need to be in place in order for a professional educational program like this to graduate competent clinicians as well as for the program to be sustainable in the long run?

3. Do you foresee any problems we could run into in the implementation of this program?

4. How would you advise or plan to get around these challenges? Would you (or does your organization) have a role in this?

5. Do you foresee any problems that would hamper the occupational therapy graduates' ability to work competently in the health sector in Trinidad and Tobago upon graduation?

A focus group of four of the previously interviewed stakeholders was also conducted and found to be beneficial, as the participants could clarify among themselves both the barriers and the strategies and offer through the interactive session new synergistic approaches to addressing the barriers. Facilitated by the first author, the participants did a review of the findings from the initial semi-structured interviews to probe deeper into the strategies and the barriers that had been identified during the initial interviews (Glaser & Strauss, 1967; Lincoln & Guba, 1985; Pelto & Pelto, 1987). These stakeholders offered insight into the perspectives of their organizations, which included the tertiary level institutions, disability organizations, and government and public health agencies. The open and face-to-face nature of the focus group fostered creative discussion around innovative collaborative strategies that could strengthen the program. The strategies offered through the survey data triangulated with the strategies developed during the focus group, thereby enhancing the trustworthiness of the process. For example, one focus group dealt specifically with strategies to mitigate the barriers raised when asked:

> Now that we are discussing as a group, are any of these barriers that have been identified (to the sustainability of the program) manageable by any of the organizations that you as stakeholders represent? If so, in what way can your organization, either separately or in collaboration with any other organizations, work towards removing or minimizing these barriers?

Finally, follow-up semi-structured interviews were conducted with two participant stakeholders who were selected based on their responses to the initial interviews and their levels of expertise and commitment to the curriculum development process. The guiding questions for the audio-recorded interviews were again developed by the first author according to the themes that emerged from the focus group and the desire to explore specific barriers and strategies more deeply for program sustainability. For example, the question "What are the greatest health needs of the people that the OT masters program will be responding to?" was used to probe the emerging theme of compassion and service to country. The question "Specifically for clinical fieldwork placements and the matter of competence and supervision these are areas of challenge owing to

the lack of experienced OTs, what are your thoughts on strategies that could be put forward to help mitigate this challenge?" probed the emerging theme around the lack of local academic and clinical educators.

Data Analysis

Survey data were analyzed with descriptive statistics. Short-answer responses were grouped by similarities and differences with reference to the current condition of occupational therapy in the region, strategies for and barriers to the sustainability of the program, and proposed educational components of the program. The texts of each of the transcribed interviews and the focus group were analyzed and coded manually by the first author, and a second coder initially coded two transcriptions for reliability. Dedoose® qualitative software was used to code each of the transcripts. The frequency of the codes was tabulated and the codes were grouped into related categories. The categories were converted into concept maps from which themes and their relationships to each other emerged (Daley, 2004). Development of the themes was done until saturation was reached and trustworthy conclusions about the main barriers to and strategies for the sustainability of the program could be reached from the data (Kielhofner, 2006).

Findings

Taken together, the data from the survey, the stakeholder interviews, the focus group, and the follow-up semi-structured interviews identified existing barriers to and potential strategies for developing, implementing, and sustaining an entry-

level master's degree program in occupational therapy. Five main themes emerged from the data that identified the barriers: (a) lack of awareness of occupational therapy as an essential profession, (b) a need for experienced academic and clinical educators, (c) a need for fieldwork sites in a range of practice areas, (d) instilling a sense of compassion and service to country in students, and (e) developing clinical competence in students.

Along with these identified barriers, the strategies offered to manage the barriers were grouped into five themes and developed into curricular threads (see Table 1). The five curricular threads that were developed from the data were: (a) occupational justice and professional advocacy, (b) scholarship of teaching and learning, (c) experiential learning through fieldwork and service learning, (d) compassionate practitioner, and (e) evidence-based practice. In recent years, curricular threads have been recognized as a method of explicitly aligning overarching program objectives with course content and course sequencing (Hooper, 2008; Hooper et al., 2011). Curricular threads are reflected in the curriculum design, course content, and education methods, and so serve to reinforce and integrate throughout a curriculum the implicit values and educational focus of a program. Explicit curricular threads also serve to identify for students, faculty, and the public the values and mission of the program.

Table 1

Process of Development of the Curricular Framework Informed by the Data

Themes from the data	Curricular threads developed from the themes	Program implementation strategies to facilitate curricular threads
Lack of awareness of occupational therapy as an essential profession	Occupational justice and professional advocacy	Course content Service learning
Need for experienced academic and clinical educators	Scholarship of teaching and learning	Course content Service learning Mentorship program Emphasis on life-long learning
Need for fieldwork sites in a range practice areas	Experiential learning through fieldwork and service learning	Selection criteria Fieldwork distribution Service learning Emphasis on life-long learning
Instilling a sense of compassion and service to country in students	Compassionate practitioner	Selection criteria Service learning
Developing clinical competence in students	Evidence-based practice	Selection criteria Course content Fieldwork supervisory models Service learning Research

Theme 1. Lack of Awareness of Occupational Therapy as an Essential Profession

The stakeholders collectively voiced a glaring lack of awareness of occupational therapy as an essential profession in the country. As an emerging profession, occupational therapy is not readily included as a part of an inter-professional team in the health care system in Trinidad and Tobago. The current 14 occupational therapists in the country focus their practice in out-patient clinic settings, primarily in pediatrics and adult physical rehabilitation. One stakeholder noted the challenge this creates in advocating for occupational therapy positions:

Where the policy makers have worked with occupational therapist, like say overseas, they're understanding of how OT fits in the health care. But where they have not had that exposure, it is very difficult for you to go in and to have that kind of dialogue with them. Stakeholders perceived that the lack of occupational therapy services in the public sector, especially, as a social injustice to individual citizens as well as to the society at large:

So, a person with a disability is not an object that you move only when it needs to be taken to the doctor. A person with a disability does have a life. A person with a disability can contribute to society. A person with a disability can be educated and

enjoy family life and all of the human rights. That paradigm shift needs to take place in (Caribbean countries) and that could only happen with awareness. Awareness and sensitization is the first port of call.

The lack of awareness of occupational therapy as an essential profession exists among both the general public and other health care professionals. This creates a challenge because there is a lack of demand from the public for occupational therapy as well as a lack of understanding among other health professionals of the scope and potential of the profession in meeting the health care needs of people in a variety of settings.

Curricular Thread 1. Occupational justice and professional advocacy. The data revealed that it was important for new graduates who would be working in a context of an emerging profession to have the knowledge, skills, and attitudes to be professional advocates for the profession and for their service users. They need to be able to "carve out a niche for themselves" to demonstrate the value of the profession rather than just talk about it, because "when we talk … they don't understand, but when they see it in action …rather than just talking (it) will make a difference."

The survey respondents strongly encouraged that the program provide students with opportunities to learn professional advocacy skills, such as political reasoning, problem solving, and collaboration, in order to respond effectively to the environmental workplace challenges identified. One respondent stated, "If we can team up with various ministries, whether it's health and provide

community-based, OT community centers, and provide education and maybe screenings, through the ministry [Ministry of Health] as well so that it's not just one time.

In Trinidad and Tobago, where persons with disabilities and persons at risk of occupational imbalances experience health disparities, the role of occupational therapy is uniquely essential and multi-pronged. The profession has the potential to "promote social justice by enabling people to participate as valued members of society despite diverse or limited occupational potential" (as cited in Braveman & Bass-Haugen, 2009, p. 176) through traditional occupational therapy roles as well as emerging practice areas and strategic partnering with external organizations (American Occupational Therapy Association [AOTA], 2006; Braveman & Bass-Haugen, 2009).

Theme 2. A Need for Experienced Academic and Clinical Educators

An area of challenge that emerged from the data was the lack of available academic and clinical occupational therapy educators and their inexperience in education. A large majority of the local clinicians have less than 5 years experience. As one stakeholder stated, "You could be really good at a job and you can't relay the information and get students to learn, then that's not going to be helpful." It was suggested that therapists without teaching experience should "do some type of formal education to know how to plan a syllabus…course outline … and now deliver on that."

Curricular Thread 2. Scholarship of teaching and learning. The main stakeholder, USC, appreciates the need for qualified and

experienced faculty to lead the development of the program. USC supports the proposal to develop the academic and teaching skills of the local workforce. In addition, collaboration with the WFOT has been helpful in garnering technical assistance for recruitment and developing the skills of the local workforce. One of the outcomes of these collaborations is the development of a 10-week Occupational Therapist as Educator blended online and face-to-face training course for local clinicians.

With respect to the data, in response to the theme of limitations of local academic and fieldwork educators, a curricular thread emerged around instilling in the students an appreciation for a spirit of inquiry and life-long learning. Developing in students a mindset of scholarship and leadership in the areas of education, research, and practice through evidence-based inquiry is a strategy that would benefit both their professional development and the sustainability of the program. It was suggested that with this mindset the new graduates and clinical educators would be inspired and encouraged to be life-long learners and to consider becoming educators themselves and returning to the program in these new roles. Stakeholders suggested strategies such as "use past alumni mentorship for existing students" and for students to do "research … a profession is not a profession unless it is researched."

Theme 3. Need for Fieldwork Sites in a Range of Practice Areas

All of the stakeholders identified the need for occupational therapy services in a wide range of practice areas relevant to the needs of Trinidad and Tobago. The stakeholders most strongly saw a need

to expand services in the area of pediatrics and schools (37.5%, n = 18). Other areas included prevention, wellness, and health promotion (16.6%, n = 8); mental health (14.5%, n = 7); ageing (12.5%, n = 6); work (10.2 %, n = 5); and rehabilitation (8.3 %, n = 4). These settings, along with others, were also seen as needed for fieldwork placements to prepare graduates to meet the health needs of Trinidad and Tobago. One stakeholder commented:

> Definitely, they need a lot of fieldwork, level I fieldwork, you know, jails, Montessori's, out-patient clinics, adults day centers, private. I mean they really need to be exposed to a wide range as part of their master's program before they do their level II, where technically you'll be practicing as a practitioner. I mean you have to be on your own to some extent.

This led to a discussion of supervision models in a country where there are few occupational therapists and, consequently, a limited number of sites for students to carry out their fieldwork placements with an occupational therapist on-site. Also of concern was the level of experience of the relatively new cohort of local clinicians and their limited experience as clinical educators.

Curricular Thread 3. Experiential learning through fieldwork and service learning. As a result of the emphasis on the importance of the fieldwork component of the program to the integration of clinical skills in a context lacking many opportunities for experiential clinical learning, the curricular thread of fieldwork and service learning was developed. In response to the

potential shortage of fieldwork sites and supervision therein, innovative models of supervision were suggested that would use both the education program's fieldwork coordinator and experienced clinicians to provide supervision, "For sites that have therapists, (but) very inexperienced therapists … it could be kind of a supervisor of a supervisor of a supervising student."

Innovative and collaborative strategies emerged from the focus group. One strategy was to develop fieldwork sites out of service learning (SL) placements. SL is differentiated from fieldwork in that SL is used to facilitate the students' integration of concepts learned in the classroom through real life experiences in a service capacity. Fieldwork placements are focused on applying clinical reasoning and practicing clinical skills and professional behaviors in a graded clinical capacity. Thus, a fieldwork site may start off as offering students SL opportunities and grow into a fieldwork site. This could benefit the placement sites as well as the program. The stakeholders also suggested using established non-governmental organizations as potential SL and fieldwork sites. All of the members of the focus group indicated that their organizations would be willing to actively collaborate with USC and with each other to offer fieldwork placement opportunities.

The stakeholders also offered rationales supporting overseas fieldwork placements where experienced clinical educators would be available. This would also support the development of students' clinical skills as well as their personal and professional maturity.

Another thing they do there [overseas placement in Canada] too is to compare their program with what they're seeing … and recognize that they have a good program. And so therefore they come back ready to go, ready to qualify, and ready to do well. And we found that it's necessary for them to leave you. But for them to just know what is there outside to make comparisons about life and so on.

While fieldwork is not an innovation per se in occupational therapy education, it will be tailored in this curriculum to counterbalance the contextual challenges. For example, students coming from other parts of the Caribbean ideally will return to their home island where experienced occupational therapists may be available to provide placement and new graduate supervision. Not only will this practice of extending fieldwork to the wider Caribbean region be more culturally competent, it would widen the pool of available clinical educators as well as strengthen the commercial sustainability of the program.

Theme 4. Instilling a Sense of Compassion and Service to Country in Students

The quality of compassion emerged from the data as important for the occupational therapy graduates to embrace. This was seen as a natural tenet of the philosophy of the profession but, more importantly, owing to the moral responsibilities seen as incumbent on the practitioner in a country with wide health disparities.

One stakeholder shared that as opposed to thinking, "Okay I can get a scholarship if I do OT," students should "be passionate about wanting to

help people …trying to give people the best quality of life." The theme of compassion emerged from the data with reference to giving back to the profession and giving back to the country in particular by providing services in the public sector despite current salary discrepancies with the private sector. The theme of compassionate practitioner is reflected in the mission of USC as a values-based institution: "USC seeks to transform ordinary people into extraordinary servants of God to humanity through holistic tertiary education experience" (USC, 2015). As stated by one stakeholder,

And that's what we'd like to see in our OT graduates so that wherever they serve, whatever the work, that they're able to distinguish themselves as being effective practitioners, but also practitioners with a sense of compassion and care. There is need for absolute care and concern.

Curricular Thread 4. Compassionate practitioner. The curricular thread of compassionate practitioner would be supported through the use of SL as an educational method. SL has been defined as "a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility and strengthen communities" (Campbell, Rhynders, Riley, Merryman, & Scaffa, 2010, p. 513). Programs based on these constructs are believed to facilitate advanced clinical reasoning skills as well as professional identity and behavior through reflective contemplation and consideration of community viewpoints (Campbell et al., 2010; Querry & Smith, 2004; Vroman et al., 2010).

Further, curriculum content addressing the place of spirituality in the philosophy of occupational therapy as well as in the philosophy of the institution would enhance the development of the compassionate practitioner. "Compassionate practitioner" as a curricular thread woven explicitly throughout the curriculum will develop this quality in students. One stakeholder reflected:

As a Christian institution—Christian university—we seek to provide what we term a values-based education. And so while it is true that there may be other training facilities that operate from a different philosophical perspective, we believe that characters are the foundation of our training and that we just do not want bodies on the wards, but we want individuals who will care for the patients and would have a responsible attitude to work, to the profession; who will be competent and compassionate professionals.

Theme 5: Developing Clinical Competence in Students

Another theme that emerged from the data linked to the issue of clinical educators was the capacity of the program to produce competent entry-level practitioners who would be able to function independently in the workplace upon graduation, particularly in a context where the profession is emerging.

We've talked about standards of practice, evidence-based practice and that kind of thing, right? A way in which we were trying to … make sure that we protect the profession and the practice of our profession. I think that that's the kind of

thing that is going to have to be looked at, because especially if we have persons who are going to go out and work, more or less on their own.

Added to this concern was the recognition of the reality that owing to a current shortage of occupational therapists these new graduates would likely be practicing in some settings as the sole occupational therapist with limited access to clinical supervision and mentorship. The theme of maintaining competency in the workplace prompted one stakeholder to say, "I think you need to think outside the box because there may not be—you're existing in a system where adherence to quality and to standards is very easy to slip. And so you cannot depend on the health sector to provide that." In the same vein, another stakeholder acknowledged the role of fieldwork in developing competence yet recognized the problem of a lack of fieldwork supervisors: "Sometimes when students ask to come to (a Caribbean country) to (do field) work, sometimes people are reluctant because they know that there is a responsibility for taking that student from point A to B. It's a learning process and that is additional work." Thus, safeguards to developing clinical competence in graduates given the levels of autonomy they would be expected to demonstrate early in their careers was seen as both a necessity and a challenge for this particular program given its context.

Curricular Thread 5: Evidence-based practice. The theme of clinical competence given the limited supervision highlighted the need for internalizing in the students an appreciation for evidence-based practice and the self-awareness to manage one's own clinical competence. One stakeholder stated,

> There has to be some level of supervision … in which standards of practice and evidence-based practice …can be guaranteed to a certain extent because of accountability…. there has to be some way in which once we open the profession up and more persons get involved that there is some way in which we can try to keep the standards going.

This curricular theme of competence based on evidence-based practice demands self-awareness and evaluation of clinical competence with respect to accepted minimum standards as well as socio-cultural contexts relevant to practice settings. One strategy to ensure competence that emerged from the data was the idea of emphasizing clinical reasoning skills and the integration of principles of occupational therapy throughout course content.

This theme also informed the preferred student profile of prospective students. The prior life experiences and qualities of the prospective students were seen as relevant to student success and therefore relevant to the program design and admissions criteria.

> The cohort that you would take in particular, I think would have to be mature enough students that, if possible, persons who have worked in the health sector before so that when they go back into the situation and they are left on their own, they are going to be able to make, the kinds of decisions that are going to be worthwhile and not panic.

Discussion

Developing the first occupational therapy program in a country is a complicated and challenging process. It takes a collaborative effort and a commitment from multiple sources, for example, the profession, global partners, and the academic institution. From the study's findings the program planners learned that there are a large number of perceived barriers to educating and sustaining a graduated workforce of occupational therapists in the Caribbean. These barriers included a lack of awareness of the occupational therapy profession as an essential profession, a lack of experienced academic and clinical educators, and challenging post-graduate working environments.

While the particular barriers identified in this study may be unique to the local context in which the profession is emerging, it can, in fact, be argued that every program, both new and established, is situated in its own unique and ever changing context and is thus indigenous to its context. The process that was used to develop this new curriculum, therefore, is grounded in a methodical investigation of the contextual factors that would affect the relevance and sustainability of this curriculum and the effectiveness of its graduates to respond to the occupational needs of their community. As such, this type of process may be relevant both to establishing a new curriculum and to revising existing ones.

This study also benefited the curriculum development process by formalizing the establishment of relationships between the global partners, including the academic institution (USC), the affiliated program (LLU), the WFOT, national and regional associations, and local stakeholders. In order to gain curriculum approval from the WFOT, a new program must demonstrate the support of established program partners as well as a thorough understanding of the local context (Hocking & Ness, 2004). The breath of information gained from the survey and the stakeholders' responses to the honed questions contributed to a process that allowed all partners to have a voice in the development of the curriculum. In this way, the development of the curriculum was embedded in the process.

Curricular threads were developed along with related strategies which, when incorporated into the program, would contribute to the relevance of the curriculum and, by extension, contribute to the sustainability of the program. The curriculum would be designed around the curricular threads so that the corresponding implicit and explicit academic and clinical experiences would prepare the graduates to function competently and compassionately in a Caribbean post-graduation environment where the profession is emergent.

The use of curricular threads is no longer novel in curriculum design, and neither are the specific threads that were developed from the data study unique to this program (Hooper et al., 2011). However, what will be unique to this indigenous program is the operationalization of the curricular threads in a particular manner. This will happen through candidate selection, course content and sequencing, teaching and learning methods, and fieldwork supervisory models, which will distinguish this program as responsive to the particular demands of the local practice context.

New models of practice that respond to the political dimensions of health care as well as public attitudes and beliefs about disability, wellness, and the profession demand new models of education. New models of curricula design responding to social injustice (AOTA, 2006) and political reasoning incorporated into occupational therapy curricula (De Jongh et al., 2012) will prepare future occupational therapists to advocate for social justice as part of their scope of practice. The implementation of strategies remains to be further developed and researched. To further enhance the curricular framework, comparisons can be made with new programs in locations in which the profession is at a similar stage of emergence and in locations where existing programs are being revised owing to the demands of evolving practice contexts.

Conclusion

The development of the curriculum for this new occupational therapy program at USC in Trinidad and Tobago was embedded in the process, informed by the findings of this study, and followed the guidelines of the WFOT *Minimum Standards for the Education of Occupational Therapists* (2002). This study facilitated the development of this curriculum particularly by identifying and responding to local sociopolitical contexts, including the emergent stage of the profession. Further, the program planning process was well supported by both local and global partnerships and with reference to the established mission of USC. The mission of the Occupational Therapy Department at USC is to graduate individuals who have undergone a transformative education in occupational therapy, and who are prepared to be

competent and compassionate entry-level clinicians and future leaders in the profession identifying with a culture of advocacy and life-long learning. The graduates will thus embody both the core values of the university and the standards of the profession of occupational therapy as expressed appropriately in response to the occupational needs of the local societies they will serve.

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