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Teaching Occupational Adaptation Using Constructs of the Model

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Teaching Occupational Adaptation Using Constructs of the Model

Abstract

Background. Quality, evidence-based health care practice and research is guided by theory; therefore, theory should be one of the first courses in health care professional curriculums. Signature andragogical methods of case-based learning, small and large group discussion, active learning, and self-reflection developed the teaching and learning activities to teach the occupational adaptation (OA) model in this study.

Methods. A mixed-methods design of qualitative open-ended questions and quantitative survey were used to measure student understanding and application of theoretical concepts. The lab assignment integrated andragogical methods, the use of the Relative Mastery Measurement Scale (RMMS) for individual and social adaptation, and further reflection of the benefits of the lecture.

Results. Fifty-four occupational therapy doctoral students participated in the study. Themes related to the student experience and understanding. On the exam, more than 80% of students identified applicable uses of OA to case scenarios. An average of 74.4% was determined for correct responses to those five questions. The discrimination index was averaged for those five questions, resulting in a +0.28.

Conclusion. This paper describes how one entry-level doctoral occupational therapy program teaches OA using evidence-based teaching methods. Student feedback and learning for this course was positive.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

occupational adaptation, active learning, evidence-based health care, occupational therapy, andragogy

Credentials Display

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Courses in occupation-based theory are an integral part of every occupational therapy (OT) educational program. The introduction of occupation-based theory helps students develop clinical reasoning skills, determine “why” they are choosing a specific approach for OT practice, and cultivate self-awareness in their abilities to maintain client-centered practice. These foundational skills are referenced and referred to throughout OT curriculums in preparation for entry-level clinical practice. With multiple OT conceptual practice models, other models supporting social engagement, and various theories and frames of reference, the content for introducing theoretical concepts to entry-level occupational therapy doctoral (OTD) students can become complex. Creating effective and meaningful assignments to support the development of entry-level skills is imperative.

This manuscript describes the effectiveness of an innovative educational approach on how one entry-level OTD program facilitated learning of the Occupational Adaptation (OA) model using an evidence-based, signature, andragogical methods. Along with these traditional teaching methods, the Relative Mastery Measurement Scale (RMMS), specific to the OA construct of relative mastery, was used with students as a pre and post learning activity to measure their mastery related to a novel lab activity. The aims of this study are twofold:

1. To measure the students’ experience learning OA in a hands-on lab module and detailed self-reflection.
2. To measure the students’ knowledge of theoretical concepts and application to case-based scenarios related to their own experience with OA.

The teaching methods implemented for the OA module were created to develop student clinical reasoning in application to real-life scenarios. The clinical reasoning aspects focus on skills related to using and choosing theories appropriate for specific client contexts. The learning module presented is part of the occupation-based portion of the Introduction to OT Theory course that occurs in the second semester of this OTD program. The module includes a didactic lecture, application of assessments, hands-on lab, and reflection on practical application of OA model.

OA Model

Drs. Schultz and Schkade first conceptualized the construct of adaptation through occupation in two seminal articles (Schkade & Schulz, 1992; Schultz & Schkade, 1992). The terminology used in the original articles has been challenging for students, therapists, and educators to understand and grasp for use in practice (Grajo, 2019). Yet, the value of OA model and the relationship between adaptation and occupation have been widely recognized in the OT profession. OA is described as a practice model focusing on an adaptive process that results in relative mastery (Schultz & Schkade, 1992). Relative mastery and adaptive capacity are used to evaluate the normative process of OA. They are used in this study to evaluate students’ adaptation during lab activities using active learning. Table 1 outlines the main OA constructs.

Teaching Methodologies

A modified rapid literature review was completed during the planning stage of this course revision to support the best outcomes for the OA module. The review identified readings for students and ensured lecture materials represented the most recent literature. A historical systematic review of OT model in scholarship (Heeb et al., 2020) revealed a need for future research specific to teaching theories in OT curricula. A study by Howe et al. (2018) demonstrated positive changes in attitude toward working in small groups in their study measuring the effectiveness of cooperative learning in an entry-level OTD program. Their teaching strategies for teaching OT theory included pre/post tests as well as summary

assignments for in-class application. Feldhacker and Feldhacker (2022) found that andragogical, student-centered active learning principles promoted the bridge from OT education to the real-life application of OT theory. Literature on common teaching methodologies related to OT education course design but not specific to teaching theory include case-based learning (Krishnagiri et al., 2019; Murphy & Radloff, 2019), small and large group discussions (Nolinske & Millis, 1999), active learning (Driessen et al., 2020; Krishnagiri et al., 2019), self-reflection (Perkins, 2021), and case-based learning (Krishnagiri et al., 2019; Murphy & Radloff, 2019).

Table 1

OA Construct

Seminal core principles:	1. OA as a normative process that can be disrupted. 2. OA as an intervention process where occupational therapists facilitate and empower clients through the occupational adaptation process (Grajo, 2019).
Three basic elements:	1. Person 2. Occupational environment 3. The interaction of the two as the result of participation (Schkade & Schultz, 1992).
OA terminology and definitions:	– Relative mastery: an individual evaluation regarding their responses to challenges based on an internal sense of effectiveness, efficiency, and satisfaction to self and others (George et al., 2004). – Adaptive capacity: can be qualitatively understood through a client's perception of their need to change, modify, or refine responses to challenges in their environment (Schkade & Schultz, 2003).
Assessments	Relative Mastery Measurement Scale (RMMS): – Developed as a standardized method for evaluating the concept of OA in a formalized self-evaluation process (George et al., 2004). – Standardized, 12-item scale measuring a self-report of efficiency, effectiveness, and satisfaction relating to an occupational task performed either in treatment or recently.

Description

In this entry-level program, the students are enrolled in the Introduction to Occupational Therapy Theory course during the second semester of their first year. The course objectives focus on theoretical principles related to evidence- and occupation-based practice. The OA model is taught during the first half of the course in the conceptual practice models module. In the structure of this course, each model incorporates a hands-on lab component to guide students through the clinical and professional reasoning process involved in choosing and using models appropriately in practice. The OA lecture and lab presented in this manuscript were redesigned to focus on the proficient, skillful application of this model. Past iterations of the educational materials for this model have been supportive of exam preparation; however, a redesign of materials was performed to increase the students' ability to apply this model more effectively in preparation for fieldwork and clinical practice. The authors designed a three-part lecture and lab assignment to introduce the OA model, apply theoretical concepts in a hands-on lab activity, and consider appropriate uses through a self-reflection assignment.

Method

Research Design

The Institutional Review Board exempted this applied research in the Scholarship of Teaching and Learning. A mixed method design was used to analyze students' understanding and application of theoretical concepts.

Procedures

Case studies were used in this lecture and lab to facilitate the students' ability to apply the appropriate application of OA to practical scenarios through clinical reasoning. The students engaged in

small group discussions to allow time to think deeply about a posed topic related to OA, refine their discussion, and then share in the large group setting.

Active learning activities used in the lab included the simulation of a stressful environment (press for mastery) through a team-building challenge. The students engaged in visual, auditory, kinesthetic, and tactile activities to improve conceptualization of the material presented. Self-reflection included using the RMMS before and after the hands-on learning activity to facilitate insight and awareness related to the lab activity. The purpose of self-reflection in this course is for students to identify their strengths and areas of growth regarding clinical reasoning in theory-guided practice. Self-reflection was required for this lecture and lab, which integrated an OA approach and assisted with establishing the students' professional development goals.

Lecture

Pre Class Preparation

Before attending the lecture and lab components, the students were required to complete preparatory readings to facilitate exposure to OA terminology, the development of the OA model, and to review examples of OA case scenarios. Required preparatory reading materials are presented in Appendix A.

Live Lecture

The first 90-min class session included a 45-min lecture and a 45-min case-based activity. The OA lecture on occupation-based theories and models is taught in the context of discussing client and therapist resiliency. The lecture included an overview of the evolution of, and terms unique to, the OA model. The concept of the person, occupational environment, and the interaction of the two were described and compared to occupation-based models previously discussed. The concept of resiliency in relation to recovery was presented, and the students engaged in small and large group discussions. During this discussion, the instructor facilitated the students in identifying how resiliency is important for recovery as it aids in coping mentally, emotionally, and physically. Discussion also centered around how resiliency impacts adaptability and flexibility to demands from occupations, environments, and personal abilities.

Assessments, interventions, and outcomes were discussed in relation to the OT process outlined in *The Occupation Therapy Practic Framework* (AOTA, 2020) and in reference to the occupational profile. The RMMS (George et al., 2004; Krusen & George-Paschal, 2018) was presented, and the students rated their relative mastery related to an individually chosen occupation. The goal of intervention, the aim of treatment, strategies for eliciting adaptive responses, and adaptive response mechanisms were presented in this lecture. The adaptation gestalt was presented and discussed in a large group setting.

Lab: Team Building Activity

Materials

This lab was taught across two class sections of 28 students each, totaling 56 students. Each group was divided into six teams of five to six members. The materials provided to each team and additional materials that were used during the lab are presented in Appendix B. The materials were distributed, and the students were instructed to organize the materials on their table for one min, then directed not to touch the materials during the planning phase. The students were given 15 min to plan and 18 min to construct a tower with three parameters: the tower must be free-standing (not attached to walls, floor, ceiling, table, or people), at least five feet tall, using only the materials provided, and must not fall over when a fan is directed toward it. The students were unaware of the sensory or motor challenges that would be given, which increased the authenticity of adaptation. This ensured the students did not have time to plan for adaptations and/or modifications.

Once the 15 min of planning were complete, each team was given a different sensory or motor challenge. Five challenges were assigned to different groups with the sixth group having no challenges for their first round. After each 3-min round, the assigned challenges rotated between the groups. The sensory and motor challenges, along with the instructions, are provided in Appendix C.

Lab Assignment

After the team activity, the students engaged in a short, large group discussion about the activity, towers were measured, and the teams that completed the activity within the parameters were announced. Each student then completed an individual self-reflection lab worksheet. The students answered prompts in relation to each challenge: What did you feel and/or think when your [sensory or motor deficit] was occluded/impaired? How did you adapt individually, and how did you adapt socially? The students completed an assignment related to their experiences engaging in the activity with and without sensory and/or motor challenges. The students then answered three open-ended qualitative questions.

Instruments

RMMS and Self-Reflection

Each student completed the RMMS (George et al., 2004; Krusen & George-Paschal, 2018), rating their perceived level of mastery during the lab activity regarding engaging in the activity with two sensory or motor challenges of their choice and again without a sensory or motor challenge. In addition, all of the students answered prompts regarding each challenge presented during class, how they individually and socially adapted as a group, and the impact those adaptations had on their performance.

After completing the individual RMMS, the students completed a three-question reflection addressing the following three questions: (a) Provide a summary of your experience with the OA lab, (b) Do you feel you have a better understanding of adaptation? and (c) How would you support a client who is demonstrating difficulty with adaptation? These three questions were intentionally designed to gather feedback on the lab components, how the lab contributed to understanding the model presented, and each student's clinical reasoning skills with applying OA in practice.

Exam Questions

Measurement of student learning was conducted via the final exam. Exam questions were written in an application-based format, like the accreditation exams the students will take after graduation. The 50-question exam had five multiple-choice questions related to the application and understanding of OA. All five questions were related to one case scenario.

Data Analysis

The team of researchers completed qualitative coding of the students' responses. Coding was completed by systematically reviewing the students' survey responses and identifying recurring themes and patterns. The researchers correlated identified themes through discussion and consensus-building sessions. The coding scheme was refined to enhance the reliability and validity of thematic analysis. Quantitative descriptive statistics were used to assess learning by analyzing student RMMS scores and exam questions. The lab assignment integrated uses of the RMMS assessment, reflection on individual and group adaptation strategies, and further reflection on the benefits of the lecture and lab design. Quantitative descriptive statistics were used to assess learning by analyzing student RMMS scores and exam questions. The lab assignment integrated uses of the RMMS assessment, reflection on individual and group adaptation strategies, and further reflection on the benefits of the lecture and lab design. This assignment, along with exam questions for OA, were analyzed for this manuscript. The OA lecture and

lab included case-based learning, small and large group discussions, an active learning lab, and self-reflection.

Results

The qualitative and quantitative results of the assessments of student learning obtained from individual student RMMS results, self-reflection comments, and exam statistics are outlined below. Participants included 54 OTD students ($N = 54$) for the lab and lecture assignments and exam.

RMMS Results

All 54 responses to the 12 RMMS statements are reported in Table 2. The RMMS results are related to the students' performance and adaptation when no challenges were presented. Of interest, 100% of the students identified awareness of people, equipment, and techniques that would help make the team-based task easier. Three students did not think their performance was adequate. Overall, 46 of the students were satisfied with themselves for this activity.

Table 2

Results of RMMS Team Building Task

	Agree	Disagree
My performance was adequate to complete the task.	51	3
I completed the task within about the same time frame it usually takes.	40	14
Overall, I am satisfied with myself regarding this activity.	46	8
I felt physically or mentally tired after finishing the task.	17	37
People other than my family and friends would be happy with my level of ability on this task.	44	10
I did not produce the result I expected.	33	21
I am very pleased with my performance of this task.	43	11
I failed to complete all the steps of the task.	20	34
The task took a great deal more time than is typical for me.	23	31
I am aware of people, equipment, and techniques that would help make this task easier.	54	0
My family members would not be happy with my performance of this task.	7	47
I successfully completed the task.	41	13

Note. $N = 54$.

Self-Reflection Qualitative Report

Qualitative analysis through thematic coding was completed for the student self-reflection survey. Several themes emerged in two main categories: an increased understanding of OA and therapeutic considerations an occupational therapist should take to support clients. The students' responses that emerged from the first theme indicated an understanding of the terminology, the importance of adaptation, and how aspects of the environment, person, and/or task can lead to adaptation and dysadaptation. In addition, the students reported, "This activity was difficult but very eye-opening." In the second theme for therapeutic considerations in OT, the following subthemes emerged: the importance of meaningful activities to increase the desire for mastery, providing emotional support to clients, adapting occupations, therapeutic techniques (scaffolding and grading), creativity and flexibility, and collaborative client-centered planning. Response rates and exemplary quotes are outlined in Table 3.

Exam Results

A review of the exam was performed using statistical analysis via the eLearning platform through which the exam was administered. The exam consisted of 50 multiple-choice questions with five questions related to OA in case-based scenarios. More than 80% of the students identified applicable uses of OA to case scenarios on the five OA-related exam questions. An average of 74.4% was determined for correct responses to those five questions. The discrimination index was averaged for those five questions, resulting in a +0.28, which represents moderately discriminating questions.

Table 3*Qualitative Themes from Self-Reflection*

Theme	N = 54	Exemplary Quote
Increased understanding of OA	46	<p>“This allowed me to realize the importance of establishing adaptation early in treatment, especially in their most meaningful occupations.”</p> <p>“I have a better understanding of how the different aspects of adaptation influence occupational participation.”</p> <p>“I also have a better understanding of how the three subsystems of an occupational environment (social, physical, and cultural) can hinder or facilitate how one adapts.”</p>
Importance of meaningful activities for increased desire for mastery	28	<p>“My motivation fluctuated because I saw my want for mastery move farther from reach. In contrast, my motivation improved greatly when I was able to use my mind flexibly and create an adaptation that was successful and closer to mastery.”</p> <p>“I feel like this lab has provided me with a better understanding of losing motivation and purpose. Even knowing that we had a short time to complete our tower, and despite being motivated to perform well, we were more apt to give up and sacrifice the time than to attempt a task and fail. This has a lot of implications for occupational therapy practice.”</p>
Emotional support of clients	26	<p>“I found myself getting frustrated or not even participating, so I would focus on celebrating the small victories. Having constant encouragement and support along the way would help my clients thrive.”</p> <p>“Based on my teamwork experience during the activity, I would say that encouragement and support to the client would also help them adapt by celebrating their successes.”</p>
Adaptation of self, environment, and task	24	<p>“Showing a client the variety of ways that something can be done can build up their toolbox for adaptation and make them feel more prepared and equipped to adapt on their own, in novel environments or with novel tasks.”</p>
Importance of scaffolding, and/or grading for individual client needs	20	<p>“When appropriate, I would upgrade/downgrade the challenge of the occupation in order to both push my client to grow and have them achieve success in completing occupations.”</p>
Need for creativity	12	<p>“I have a greater respect for the creativity and resilience required to complete tasks with some sort of challenge or limitation.”</p>
Importance of client-centered/collaborative planning	8	<p>“Using therapeutic self, listening to what is important to the client and developing therapy plan that meets the just right challenge will help support clients find ways to adapt to their challenges.”</p> <p>“I think an important aspect of this [open communication] would be to include some confidence building by scaffolding tasks and making them believe in themselves that they are capable of progress.”</p>

Discussion

This is the first study known to be specific to the teaching of the OA model. Many articles for the reading requirements are older but seminal to the history and background of OA to provide the variety of applications presented to the students. Newer, more current literature is routinely reviewed and incorporated as appropriate. For example, the RMMS was recently updated and validated as the Relative Mastery Scale (RMS) (George-Paschal et al., 2022) and will be used in future classes and research. In addition, the use of a flipped classroom should be considered in a future redesign of this OA module, as evidence suggests that students gain confidence when they complete readings and review the lecture asynchronously before class (Cowan et al., 2023; Feldhacker & Feldhacker, 2022).

As in this study, the use of pre and post test is common in the literature for evaluating student learning of OT theory (Feldhacker & Feldhacker, 2022; Howe et al., 2018). The students’ feedback, responses on the RMMS, and grades related to the teaching and learning of OA were key indicators of their learning. Using case studies further supported the students’ critical thinking regarding the use of theory in practice, a key application identified in the OT education literature (Krishnagiri et al., 2019; Murphy & Radloff, 2019). The active learning and team building activities in this OA module promoted

the students' knowledge, as noted in their responses on the RMMS scale. This was similar to the findings of Feldhacker and Feldhacker (2022), which showed that active learning deepened students' understanding of theoretical concepts.

Self-reflection was not identified in any of the literature related to teaching OT theory; however, it has been shown to be effective for OT students. Perkins (2021) identified that self-reflection allowed OT students to practice and develop new cognitive strategies and emotional responses. Self-reflection in the OA module included the use of the RMMS before and after the hands-on learning activity to facilitate the students' ability to identify their strengths and areas of growth for clinical reasoning in theory-guided practice. Self-reflection was required for this lecture and lab, which integrated an OA approach and assisted with the establishment of the student's professional development goals.

The reflection questions were designed to address relative mastery but did not capture when there was a negative relative mastery response. For example, when the students were observed choosing not to adapt because of a challenge being difficult. This response was observed with several student teams for various challenges. The self-reflection assignment did not include reflection for this type of response and, moving forward, should be included along with prompts for how to support clients who might respond in this same way.

Limitations

Limitations of the lab experience included the large class size, students' responses to the 3-min time limit for each challenge, students' responses to more "difficult" challenges by just waiting out the time for the round to complete, and/or not following the challenge guidelines because the students perceived them as too difficult. The lab was also provided by one instructor, which is a limitation as replicating this lab might be difficult based on the instructor's background and experience. Further research on the replicating this module across other universities would add to the rigor of this module design.

Implications for Future Research

Suggestions for the future include adding a teaching assistant in the lab to ensure students are adhering to guidelines, providing more time with each challenge, and providing coaching to facilitate adaptation to model how an occupational therapist would support clients in practice. A team debrief guided discussion would add more structure and help facilitate the application of learning. In addition, adding a case-based team assignment after the lab could lead to better implementation of OA concepts in a specific client's context. A current multi-university study is underway that uses changes made to the lab as a result of this study.

Implications for OT Education

The application of student-centered adult learning theories in graduate entry-level OTD programs promotes student learning and application to practice. The results of this study can inform instruction of OA toward a more evidence-based model. The combined use of lecture, self-reflection, application of OA assessments, and active learning activity facilitating individual and group adaptation led to a deeper understanding of this specific theory. The next step would be to determine if the learning in the classroom translates to clinical practice on fieldwork and the clinic.

In the future, further adaptations to this course based on the results of this study could be measured across multiple universities. Creating a standardized version of this module to measure its effectiveness of replication from various instructors would be beneficial. Study measures could include the results of

course evaluations. In addition, the methods used in this module design for OA could be translated into other learning theories, frames of reference, and models.

Conclusion

This paper described how signature andragogical methods can be used in teaching theory by providing an example based on OA. This answered the research questions (a) to measure the students' experience learning OA in a hands-on lab module and detailed self-reflection and (b) to measure the students' knowledge of theoretical concepts and application to case-based scenarios related to OA. The redesign of the OA section of the theory course improved insight and understanding of each student's ability for adaptation, ability to apply knowledge to case scenarios, and improved understanding of OA in practice.

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Appendix A

Student Preparatory Reading List

Title	Author
<i>Willard and Spackman's Occupational Therapy</i> , Chapter 44: Theory of Occupational Adaptation	Lenin, G. C.
<i>Occupational Adaptation: The Experiences of Older Persons with Physical Disabilities</i>	Bontje, P., Kinébanian, A., Josephsson, S., & Tamura, Y.
<i>Occupational Adaptation: Toward a Holistic Approach for Contemporary Practice, Part 1 and Part 2</i>	Schkade, J. K., & Schultz, S. and Schultz, S. & Schkade, J. K.
<i>Occupational Adaptation Intervention with Patients with Cerebrovascular Accident: A Clinical Study</i>	Gibson, J. W., & Schkade, J. K.
<i>Documenting Progress: Hand Therapy Treatment Shift from Biomechanical to Occupational Adaptation</i>	Jack, J., & Estes, R. I.
<i>Describing the Phenomenon of Homelessness Through the Theory of Occupational Adaptation</i>	Johnson, J. A.
<i>Occupational Adaptation Model of Professional Development as Applied to Level II Fieldwork</i>	Garrett, S. A., & Schkade, J. K.

Appendix B

Materials for Lab Activity

Provided to Each Team	Not Provided to Each Team
1 Ziplock gallon size bag	6 pairs of rubber garden gloves
3 foam coffee cups	56 sets of foam earplugs
4 plastic coffee cup lids	6 sets of challenge cards with instructions
4 paper plates	
1 marker	
1 roll of masking tape	
6 4x6 index cards	
5 3x5 index cards	
4 plastic coffee stirrers	
3 popsicle sticks	
1 clothes pin	

Appendix C

Sensory and Motor Challenge

Challenge	Instructions
No challenge	Engage in activity in your typical way
Hearing occluded	Place the ear plugs in your ears. Be sure to fit the ear plugs as best as possible.
Vision occluded	Close your eyes.
Limited hand movement	Do not use your hands or fingers.
Limited lower extremity movement	Do not use your lower extremities. Stay seated with legs extended so that your feet are not providing support or balance.
Limited hand sensation	Use hand sanitizer first, then place the provided garden gloves on your hands.