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#### Abstract

Canadian occupational therapy (OT) university programs must teach change agent competencies. These include promoting social justice and empowering clients, which United States occupational therapists also do. Change agent competency requirements are challenging to teach and involve multidisciplinary knowledge and non-traditional skills. As few occupational therapists feel competent to act as change agents, university programs must engage in a scholarship of teaching and learning (SoTL) approach and identify areas of improvement. The aim of this study, informed by SoTL, was to document, as described by participants, the pedagogical activities related to teaching the change agent role in an OT program in Canada and explore possible curricular improvements. Two online 90-minute focus group meetings were held: one with ten teaching team members, the other with six current and past students. Participants were questioned regarding current formal and informal curricular activities, barriers that influenced competency development, and activities that could help improve it. Data were analyzed thematically. Actual informative teaching activities, such as ethics and multicultural courses, were deemed helpful but insufficient, with only one transformative course in the curriculum. Barriers such as a rigid, biomedicalbased program structure also affected competency acquisition. Solutions to improve acquisition included mentorship and recognition of relevant extracurricular projects by the programs. SoTL offers a reflective lens to learn from collective experiences. This study showed the importance of involving students and faculty in program development and delivery improvements in order to better support educators and program administrators in their mission to meet the needs of vulnerable populations.

#### **Keywords**

Occupational therapy program, change agency teaching, advocacy teaching, higher education, healthcare professions

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## Developing the Change Agent Competencies of Occupational Therapy University Students: Using a Scholarship of Teaching and Learning Approach in a Canadian Program

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#### **ABSTRACT**

Canadian occupational therapy (OT) university programs must teach change agent competencies. These include promoting social justice and empowering clients, which United States occupational therapists also do. Change agent competency requirements are challenging to teach and involve multidisciplinary knowledge and non-traditional skills. As few occupational therapists feel competent to act as change agents, university programs must engage in a scholarship of teaching and learning (SoTL) approach and identify areas of improvement. The aim of this study, informed by SoTL, was to document, as described by participants, the pedagogical activities related to teaching the change agent role in an OT program in Canada and explore possible curricular improvements. Two online 90minute focus group meetings were held: one with ten teaching team members, the other with six current and past students. Participants were questioned regarding current formal and informal curricular activities, barriers that influenced competency development, and activities that could help improve it. Data were analyzed thematically. Actual informative teaching activities, such as ethics and multicultural courses, were deemed helpful but insufficient, with only one transformative course in the curriculum. Barriers such as a rigid, biomedical-based program structure also affected competency acquisition. Solutions to improve acquisition included mentorship and recognition of relevant extracurricular projects by the programs. SoTL offers a reflective lens to learn from collective experiences. This study showed the importance of involving students and faculty in program development and delivery improvements in order to better support educators and program administrators in their mission to meet the needs of vulnerable populations.

#### Introduction

Occupational therapy (OT) programs, whether in Canada (Canadian Association of Occupational Therapists [CAOT], 2022), the United States (Accreditation Council for Occupational Therapy Education [ACOTE], 2023) or elsewhere (World Federation of Occupational Therapists [WFOT], 2023), must meet certain accreditation standards. These standards include professional core competencies, defined as the knowledge, skills (Loosli, 2016), and attitude (Rochette & Scurti, 2013) needed to respond to complex situations. In OT programs across Canada, core competencies (ACOTRO et al., 2021) are linked to seven roles, one of which is the change agent role (CAOT, 2012). Defined as occupational therapists using "their expertise and influence responsibly to advance occupation, occupational performance, and occupational engagement" (CAOT, 2012, p. 3), the change agent role is also expected from United States occupational therapists, albeit under different names. Indeed, ACOTE counts on occupational therapists to advocate for access to their services as well as show involvement in leadership and advocacy (ACOTE, 2018). Accordingly, ACOTE standards stipulate that OT curriculum design should demonstrate the "preparation and application of in-depth knowledge in (...) leadership, (...) advocacy, (...) through a combination of a capstone experience and a capstone project" (ACOTE, 2018, p. 19), that are specifically part of OT curriculum design.

Recognized as complex, the change agent role requires multidisciplinary knowledge and a set of non-traditional skills to support multilevel actions, ranging from the microsystem to the macrosystem (Drolet et al., 2020). At the microsystemic level, the change agent aims to "inform, sustain and promote individual decision-making and protect civil rights" (Carrier & Beaudoin, 2020, p. 1). For example, if faced with a paternalistic approach from the healthcare team, occupational therapists can encourage and defend their clients' autonomy. At the macrosystemic level, the change agent seeks to "optimize health and social justice for communities or populations" (Carrier & Beaudoin, 2020, p. 1). For instance, faced with unmet occupational needs of homeless people, occupational therapists can create new services. Identified in professional documents (e.g. CAOT, 2012; ACOTE, 2018; American Occupational Therapy Association [AOTA], 2021) and the scientific literature (e.g. Carrier & Beaudoin, 2020), the multidisciplinary competencies required to act as an effective change agent in both micro and macrosystems include mastering advocacy and communication skills (Carrier & Beaudoin, 2020; Carrier & Contandriopoulos, 2015; Steggles & Clark, 2013), collaboratively working with stakeholders, including persons, groups and communities with specific needs or cultural particularities, and other healthcare professionals (Brian et al., 2015; Carrier & Beaudoin, 2020), as well as navigating in systems other than healthcare (Lipsky, 2010). For example, a change agent wishing to optimize access to mental health services might use advocacy and system navigation. Advocacy could result in demands to policymakers while system navigation will lead the change agent to consider the way the system currently "works" in order to avoid obstacles when choosing which actions to take. In the healthcare system, work environments that consider change agency positively because of their formal rules or organizational culture can be a driving force for occupational therapists acting as change agents while

unsupportive environments can have the opposite effect (Picotin et al., 2021). Other competencies such as adaptive, planning, and resilience skills (Picotin et al., 2021) as well as self-awareness and awareness of others (Brian et al., 2015) have been recognized as essential in becoming a change agent.

To ensure that students acquire these change agent competencies, three levels of teaching are needed: informative, formative, and transformative (Mitcham, 2014). These levels can be attained by teaching specific, relevant content and by using particular instructional strategies. The informative level develops knowledge and expert skills through, for example, lectures, where students absorb information, or clinical skills courses, where students practice specific assessments or interventions. The formative level stimulates construction of relationships and internalization of a professional values system, such as through fieldwork experiences or mentorships with an experienced practitioner. The transformative level leads to increased leadership and collaborative skills to address priorities through creativity and adaptive actions. For example, students can work on an innovative project to respond to unmet needs and actively reflect on their experience, including on personal (e.g. bias) and ethical aspects. Transformative education has the potential to increase equity and performance in the healthcare system, for the benefit of the population (Frenk et al., 2010). To reach the transformative level, university programs should build each level on the previous one (Frenk et al., 2010). However, university programs are situated mostly at the informative and formative, not the transformative, level, which means that students are not educated to be actively involved as change agents (Mitcham, 2014).

To achieve these three levels of teaching in regard to complex change agency competencies, relevant content and pedagogical activities must be purposely identified. This content is related to social science and the humanities, including social justice, culture, and power relationships (Thomas et al., 2020), plus advocacy strategies and how to use them in real work contexts (Bouvrette, 2017). Pedagogical activities can be formal and informal. The degree of formality depends on four aspects: process. framework, goals and content (Cristol & Muller, 2013). Formal activities are typically institutionalized and organized while informal activities lead to social, fortuitous, selfdirected, paradoxical, and experiential learning (Cristol & Muller, 2013). Instructional strategies optimally supporting change agency competency development are based on experiential learning. For example, service learning helps future professionals to develop the skills, knowledge, and motivation to change situations and promote quality of life in the community (Maloney et al., 2014; Seifer, 1998). Such experiential modalities increase students' awareness of and sensitivity to previously unseen or unexperienced situations (such as those experienced by a population at risk of increased vulnerability), provide examples of a variety of living situations (Hansen, 2013), and develop students' civic engagement (Maloney et al., 2014). Instructional strategies based on Boler's pedagogy of discomfort also provide an opportunity to teach morality around case histories (Coulter et al., 2013; Thomas et al., 2020) and thus get students to see the importance of the change agent role in their day-to-day practice.

However, current educational practices appear to run counter to pedagogical principles favorable to learning the change agent role. These practices have been linked to the neoliberal accountability governance recently implemented at Canadian universities, where major budget cuts have been noted (Webber & Butovsky, 2018) as well as biomedical supremacy (Turcotte & Holmes, 2021a). For example, the disproportionate focus on theoretical and biomedical content in curricula conflicts with the inclusion of collaborative work, reasoning skills, and humanities and social science content (Mitcham, 2014; Thomas et al., 2020). For future occupational therapists, training focused solely on biomedical and limited sociological content generates an individualized vision of the person and a localized analysis of problems, to the detriment of a more globalized human rights vision (Bahr, 2018). Turcotte and Holmes (2021a; 2021b) showed that, historically, OT advanced when professionals were allowed to be creative (e.g., through the arts-and-crafts movement). At present, however, OT is experiencing some difficulties in autonomously developing as a profession because of biomedical and neoliberal thinking (Farias & Rudman, 2019). Added to the fact that university programs mostly teach at the informative and formative level, this might explain why many OT graduates perceive their level of change agent competency as below what should be expected (Finlayson, 2013; Restall & Ripat, 2008); especially with new practitioners (Rochette et al., 2020). Furthermore, some occupational therapists do not see themselves as change agents, which generates dissonances when they are faced with situations involving potential changes (Finlayson, 2013). In addition, rehabilitation teaching teams feel ill-equipped to teach this role (Bessette et al., 2020). Knowing more about what is taught, how it is taught and how it could be optimized could provide needed guidance for university programs. Consequently, informed by a scholarship of teaching and learning (SoTL) approach (Cleland et al., 2021; Hutchings et al., 2011), the specific objectives of this study were to, as described by participants, 1) document current pedagogical activities used to teach the change agent role as well as barriers encountered, and 2) propose curriculum improvements in the planning, design, and implementation of pedagogical activities.

#### Methods

This study was conducted in an OT program at a French Canadian university. The program received full seven-year approval from the CAOT (2017-2024) and is in the process of renewing the curriculum. This is a four-year entry-level OT program that combines bachelor's and master's degrees. Approximately 54 students per annual cohort learn OT practice, with the help of 11 professors and six contracted lecturers. The program is given in a Health Sciences Faculty that includes programs such as medicine, physiotherapy, and nursing. This OT program is based on an integrated program approach (Brauer & Ferguson, 2015; Malik & Malik, 2011): students must follow all of their courses, including optional, in the OT program. All OT program courses (including optional courses) and fieldwork experiences (including innovative fieldwork types) are given by professors and lecturers who are themselves occupational therapists. Those courses and fieldwork are not accessible to students in other university programs: only OT program students can attend. Informed by SoTL, this study used an exploratory qualitative design (Trudel et al., 2006) and was the first step of a larger pedagogical innovation project aimed at renewing the OT program

curriculum. The curriculum renewal process stemmed from the Health Sciences Faculty plan to renew all of its professional programs (e.g. nursing and medicine; Université de Sherbrooke, N.D.). Since the study relates to quality assurance/improvement in education, ethics approval from the university research ethics board was not required.

To elicit their collective perspectives (Baribeau & Germain, 2010), participants were recruited to form two distinct groups. The first was composed of members of the OT program teaching team, i.e., professors and active contracted lecturers (see Table 1). Specifically, all members of the OT program committee were targeted, for a total of 17 possible teaching group participants. The second group was composed of current and past students in the OT program (see Table 1). To be included, potential participants had to be currently registered in the OT program or have graduated in the previous two years. To ensure the representativeness of each cohort (past students were considered one cohort), the target was to have two or three participants per cohort for a total of 5 cohorts (years 1 to 4 and graduated) and 10 to 15 participants. Recruitment strategies differed for each group. Teaching team members were recruited via the program director. Students, both current and past, were recruited using a snowball strategy involving students and professional OT groups on social networks. Private conversations with them were held to verify that they met the inclusion criteria and to collect basic descriptive data related to their OT program cohort. All the people present at each focus group meeting were identified two weeks before the meetings. Their specific status (professor or active contracted lecturer) was identified on the university website. The research team consisted of a professor and a student (hired as a research assistant) from the OT program, a professor in health professions education, and a twoyear graduate of the OT program working as a research professional.

 Table 1

 Sociodemographic Characteristics of Participants in Both Focus Groups

| Type of participants | Number of        | Gender of participants (%) |           |
|----------------------|------------------|----------------------------|-----------|
|                      | participants (%) | Male                       | Female    |
| Teaching team group  |                  |                            |           |
| Professors           | 6 (60.0)         | -                          | 6 (66.7)  |
| Contracted lecturers | 4 (40.0)         | 1 (100.0)                  | 3 (33.3)  |
| Total                | 10 (100.0)       | 1 (100.0)                  | 9 (100.0) |
| Students' group      |                  |                            |           |
| First year students  | -                | -                          | -         |
| Second year          | 3 (50.0)         | -                          | 3 (50.0)  |
| students             |                  |                            |           |
| Third year students  | 2 (33.3)         | -                          | 2 (33.3)  |
| Fourth year students | -                | -                          | -         |
| Recent graduate      | 1 (16.7)         | -                          | 1 (16.7)  |
| Total                | 6 (100.0)        | -                          | 6 (100.0) |

To ensure optimal preparation, one week before the meeting, all participants received a document containing useful information such as definitions of key concepts, Carrier and Beaudoin's model (2020) of the change agent role, as well as meeting objectives and topics for discussion. Two focus group interviews were conducted by a professional researcher (meeting facilitator), assisted by a research assistant (notetaker), one in May 2021 with the teaching team and the other in June 2021 with the students. Because of the COVID-19 pandemic situation, the 90-minute interviews were conducted and recorded online using *Microsoft Teams*. Two interview guides were developed, one for each group, based on relevant existing literature (for example, Carrier & Beaudoin, 2020) and the research team's other projects related to the change agent role and its core competencies. Interview guides comprised open-ended guestions designed to generate rich discussions (Krueger, 1998) and were divided into three main sections: (1) model of the change agent role (not a subject of this article), (2) current formal and informal activities supporting/hindering change agent competency acquisition, and (3) future formal and informal activities to improve acquisition of these competencies. Informal activities were included because these activities act in synergy with formal learning (Cristol & Muller, 2013) and should be explicitly considered in curriculum reform (Hafferty, 1998; Ozolins et al., 2008). The second and third sections included, respectively, questions such as: "Currently in the program, what formal activities foster the acquisition of change agent competencies?" and "What teaching methods could contribute to the acquisition of the required competencies, now and in the future?". Both guides were first reviewed by all four members of the research team and modified to improve conceptual clarity. Then both guides were proofread by the three members of the OT program renewal committee. Instructions given to participants and the sequence of topics for discussion were modified. For example, details regarding time limits and other possible topics to address in the questions were given to the meeting facilitator in one section of the guide. Questions regarding content were also added, such as: "What content could contribute to the acquisition of the required competencies, now and in the future?" Because of the consensus regarding the latest version of the guide, the research team decided not to pretest it.

#### **Data Analysis**

Descriptive data collected from the participants were analyzed in a Word table. For the qualitative data, both interview recordings were transcribed and anonymized to preserve confidentiality. Each transcript (teaching team and students) was then thematically analyzed (Vaismoradi et al., 2016). Specifically, the research assistant read each transcript a first time, to familiarize himself with the data. He then read each transcript a second time and coded the data, identifying themes (first level) and sub-themes (second level) and describing them in a lexical guide. For example, when asked which current activities helped change agent competency acquisition, some participants referred to "informal activities already done" (first level) and said that the "Journal Club" (second level) was one of them. Although each transcript was analyzed independently, the same first level themes were used in both lexical guides. With feedback from the principal investigator, the research assistant then merged the two lexical guides into one. Specifically, sub-themes that had the same meaning were merged. For example,

both groups talked about fieldwork, and related data were grouped together. Connected sub-themes were merged under an overarching theme. For example, among the barriers identified by participants, students talked about "Acquisition of the role varying from one setting to another", and teaching team members brought up "Fieldwork where practices don't evolve". These were merged to form "Fieldwork without opportunities to learn the change agent role." All conceptually different sub-themes remained separated (see Appendix A for details of the development of themes and sub-themes identified from focus group interviews). To ensure credibility in relation to the focus group method (Baribeau & Germain, 2010), the team selected quotes from each group that were representative of its shared opinions.

#### Results

The results are presented in two sections. First, current pedagogical activities that facilitate change agent competency development as well as barriers that hinder it are explored (objective 1). Second, proposed curriculum improvements that should positively influence acquisition of the role are examined (objective 2). Results are presented according to the three teaching levels (Mitcham, 2014) and supported by illustrative quotes from the transcripts of both the teaching team (TT) and student (S) group meetings.

## Participants' Perspectives Regarding Current Pedagogical Activities in the OT Program

Regarding current pedagogical activities, participants highlighted three overarching themes. Nine sub-themes were also identified, which were described in relation to each overarching theme. The themes are: formal activities, informal activities and barriers. The sub-themes related to formal activities (n = 2) are: mandatory and optional courses and fieldwork (clinical placement). The sub-themes for informal activities (n = 4) comprise extracurricular fieldwork and projects, teaching team as role model and research on change agency. Three barriers made up the remaining sub-themes, namely: fieldwork without opportunities to learn the change agent role, structure of the OT program and lack of resources. One formal activity (mandatory and optional courses) is described in all three levels of teaching and one in the formative level only. One formal activity, three informal activities and one barrier are situated in the formative level while one informal activity is in the transformative level. Finally, two organizational barriers are unrelated to the levels (see Table 2).

**Table 2**Participants' Perspectives Regarding Current Pedagogical Activities in the OT Program and Barriers Influencing Change Agent Competency Development According to Teaching Level

| Current pedagogical activities and barriers in the OT     | TTa | Sb |  |
|---|-----|----|--|
| program according to teaching level                       |     |    |  |
| Informative level activities                              |     |    |  |
| Informative mandatory and optional courses (formal)       | •   | •  |  |
| Formative level activities                                |     |    |  |
| Formative mandatory courses (formal)                      | •   |    |  |
| Fieldwork (formal clinical placements)                    | •   | •  |  |
| Extracurricular fieldwork (informal)                      | •   | •  |  |
| Teaching team as role models (informal)                   | •   |    |  |
| Research on change agency (informal)                      |     | •  |  |
| Formative level barrier                                   |     |    |  |
| Fieldwork without opportunities to learn the change agent | •   | •  |  |
| role  |     |    |  |
| Transformative level activities                           |     |    |  |
| Transformative mandatory course (formal)                  | •   | •  |  |
| Extracurricular projects (informal)                       | •   | •  |  |
| Organizational barriers unrelated to the levels           |     |    |  |
| Structure of the OT program                               | •   | •  |  |
| Lack of resources   | •   |    |  |

a: teaching team group

#### Informative Level Activities

Pedagogical activities that enhance the acquisition of change agent role knowledge and skills include informative mandatory and optional courses.

Informative Mandatory and Optional Courses (formal). Of the 55 courses in the OT program curriculum, five were identified as facilitating acquisition of the change agent role through the content taught (informative teaching). Some of these five courses are given in the first year of the OT program (n = 2). The majority are given in the third or fourth year (n = 3). The two first-year courses are mandatory. One includes content on global health in OT and, more specifically, health improvement, social equity and justice, inclusive approaches, and interventions with individuals in vulnerable situations, including poverty, intercultural challenges, and popular beliefs.

The [OT and Global Health course] talks a lot about different cultures, which makes us [...] aware of others from the different groups that we might meet. Often there are ideas in the [mandatory course book] regarding what we could do as change agents. (S group)

b: student group

The second first-year course focuses on ethics in OT. Students learn to be sensitive to diversity, to identify and resolve ethical conflicts, and to address occupational needs linked to health determinants, well-being, and equity. During the third year, two mandatory courses present content that supports the development of change agent competencies. In these research courses, students learn to assess the scientific literature and produce a literature review on a specific topic. Every year, a group explores a theme related to the change agent role and shares the results of their literature review. Optional courses are taught in the third or fourth year of the OT program. In one course concerning the *Lifestyle Redesign*© approach (Clark et al., 1997), students learn about the change agent's role by understanding occupational justice, well-being, and social inequity concepts. This gives them a macrosystemic view of population problems and suggests intervention strategies to avoid them: "I had access to documents for the course [*Lifestyle Redesign*© approach]. It's linked with the change agent role, justice, maintaining well-being through populations that are sometimes forgotten a bit." (S group)

#### Formative Level Activities and Barrier

Pedagogical activities that stimulate construction of relationships and internalization of a professional values system linked to the change agent role include formative mandatory courses, fieldwork (including clinical placements), extracurricular fieldwork, teaching team as role models, and research on change agency.

**Formative Mandatory Courses (formal).** Participants identified five formative mandatory courses. Given during the third year of the OT program, one course is linked to community-based educational strategies and involves real-life clinical interactions with clients dealing with issues related to their productive occupations. Students learn about the contextual realities of clients, as well as more appropriate ways to collaborate with them, knowing that they are often in a vulnerable situation.

The course [concerning productive occupations] (...) creates OT jobs at the youth employment center and at the [university clinic] and shows [students] an environment much more related to social sciences than health, which could have an impact on youth integration in the workplace. (...) With this new model young adults enter the workplace, where we managed to mix their OT follow-up with their involvement in the course and ability to go to work. This has a direct impact if we are able to find collaborative workplaces in the community. (TT group)

Also, spread over the four years of the OT program, the four mandatory mentoring courses supported students in acquiring all occupational therapists' roles. Mentoring classes helped students to learn more about themselves and their work preferences and to develop a strong professional identity. A mentor follows a group of about eight students throughout their OT program journey. To develop their ability to reflect, students do introspective activities linked to lived experiences in school and in the field. All this work is kept in a virtual portfolio which can only be accessed by the student and their mentor in a private network page.

To learn a bit more about ourselves by working on the Portfolio sometimes, there are things that look trivial but may help us to reflect and think about who we are, what benefits us. It contributes to the change agent role and experimentation and shows what is the reality of different people we might meet in OT. (S group)

**Fieldwork (formal clinical placements).** Throughout the curriculum, students complete five formal clinical placements: one in the second year, another in the third year and three in the fourth year. Participants noted that these fieldwork experiences are another formal activity that helps them acquire change agent role competencies. To do so, fieldwork must take place in the community, a research setting, involve a specific population (e.g., in an education setting) or aim to develop a specific project or innovation. Not all clinical placements (e.g., traditional settings, in the public or private sector) support the development of change agent competencies. Currently, these types of fieldwork experiences account for most of what the OT program offers.

Not all fieldwork helps to develop this role. It depends, there is also change agent fieldwork that doesn't help to develop other roles. It really depends on the clients you have. In the curriculum, I think we should have one change agency clinical placement, which is a project [that you need to organize or have already prepared]. In any event, we end up exploring this role. (S group)

**Extracurricular Fieldwork (informal).** Students may have the opportunity to learn the change agent role by taking part in extracurricular fieldwork during their years of study. Although not part of the curriculum, these fieldwork projects are developed with the support of the university internship service, in collaboration with various international cooperation organizations. One participant reported that she was involved in such an extracurricular international clinical project in a less advanced country. There were no occupational therapists in this country and students could provide OT services, much in line with the change agent role. To master cross-cultural and communication skills, the organization provided training before and after the fieldwork.

Between the third and fourth year, as an extracurricular activity, some people went to [less advanced country]. Before-and-after training [provided by the organization in charge of the project] explained how to interact with the other culture. When we got there, there weren't any occupational therapists, so we acted as change agents. (S group)

Teaching Team as Role Models (informal). The teaching team felt that their example influenced students; for example, professors involved in social causes or policies to eliminate occupational limitations in the community might inspire students to do the same. They said that teachers act as role models for students by defending causes, being involved in change projects, and talking about problems that should be addressed. In this way, they normalize the change agent role and share their passion and energy to act as change agents. Another indirect way to influence acquisition of the role is to share their opinions in the media in order to raise students' and the general public's awareness. They could give television or radio interviews or get letters published in the newspaper.

It comes back to the concept of role model from the entire teaching team. In our relationships with students, when we illustrate, when we talk, when it's iterative, I believe that's when we really are informal yet persuasive. All the elements mentioned come from the strength of the role model concept among the teaching team and elsewhere, like when more and more occupational therapists get involved in politics, take positions, etc. I believe there is a trickle-down effect of being increasingly present and influential everywhere. (TT group)

Research on Change Agency (informal). The student group maintained that the change agent role could be learned through contacts with professors who conduct research on this subject, especially those who look for research assistants to work on their research. This might help students develop their competencies through familiarity with current scientific literature on the change agent role.

This is our opportunity to be in contact with professors doing research. Sometimes this can contribute to learning to become a change agent. Every year there are professors looking for research assistants for various projects, so it could be an informal method, which is not in the program, but that we can access as students. (S group)

#### Formative Level Barrier

One barrier is present at a formative level; there are not many fieldwork types that emphasize the change agent competency.

Fieldwork Without Opportunities to Learn the Change Agent Role (barrier).

In the OT program, to obtain a master's degree, six fieldwork experiences corresponding to 1200 hours are mandatory. The barrier lies in the fact that not all fieldwork experiences offer opportunities to acquire change agent competencies; even when these experiences could do so, both groups reported that supervisors often do not know enough about the role to help students effectively. Furthermore, the number of fieldwork experiences that offer such opportunities is limited, much like innovation projects. Participants felt that the latter are not promoted enough. Although students can ask to be involved as part of a mandatory fieldwork experience, these innovation

projects are usually led by professors or lecturers but are not part of their 'official' tasks. Therefore, teachers are not paid for this work outside their normal working hours. As a result, these types of projects are limited.

Most fieldwork projects are possible only because devoted professors volunteer their time. It's not part of their workload. We have a great team. At the same time, however, it's really annoying because when we publish, we're led to believe that the university supported it whereas it involves a lot of volunteering by passionate people and is not part of their workload. It's a big challenge that I see for our programs if we want to prioritize this role and value it as it should be valued. (TT group)

#### Transformative Level Activities

Pedagogical activities that lead to increased leadership and collaborative skills to address priorities through creativity and adaptive actions include one mandatory course and informal extracurricular projects stemming from students' personal initiatives.

Transformative Mandatory Course (formal). Both the teaching team and the student group participants identified one transformative mandatory course in the fourth year of the OT program. In a final project, students are expected to integrate all their theoretical knowledge and test their skills concretely, including as a change agent. For that role, students carry out a change agent project in the community, which may be linked to OT or not, to sustain systemic changes promoting occupational justice for individuals, groups, or communities: "In the fourth year, there is a course where we are change agents in a specific project." (S group)

**Extracurricular Projects (informal).** Some students have personal projects outside the OT program. For example, these projects can involve humanitarian or volunteer work and have components related to a social or environmental cause. These kinds of projects can support the development of OT program competencies such as helping people in a vulnerable situation, supporting and meeting occupational needs, and changing things by implementing projects with local stakeholders. One participant talked about a project he was involved in, which aimed to increase the well-being of people with disabilities during the COVID-19 pandemic. With the guidance of OT program professors, this project helped two students to complete their fieldwork successfully. Another student was involved as a volunteer in a project that was not part of the OT program curriculum.

I want to talk about a project I did with [names of two teachers] last year, which aimed to prevent the spread of COVID-19 in a population with disabilities in [less advanced country]. We did this project remotely with rehabilitation students over there [...]. I feel that we played a change agent role but indirectly through our colleagues in [less advanced country]. We aimed to prevent the spread of the infection and adapt health measures, such as maintaining a distance of six feet, wearing masks, etc., for people

with hearing impairments and speech impediments, physical and intellectual disabilities. We created videoclips [narratives] showing what to do if a blind person wants to cross the road and no one wants to help her, but it's COVID and we don't touch any one anymore. [...] For me, it was a volunteering experience. (S group)

Another extracurricular project led by professors and lecturers is a way to share knowledge through group discussions about OT or rehabilitation subjects involving students and professors. For example, the Journal Club is an optional meeting where everyone shares articles from the literature, current events, social and professional challenges, or possible OT improvements. Another example is seminars organized by regulatory colleges or professional associations to promote exchanges between students and professionals.

#### Organizational Barriers Unrelated to the Levels

Organizational barriers that impeded the acquisition of change agent competencies were mentioned by some participants. Specifically, they talked about the current structure of the program, the lack of resources, and fieldwork without opportunities to learn the change agent role.

**Structure of the OT Program.** The structure of the program is a barrier because of its deployment, rigidity, and preferred content. Deployment of formal change agency activities is mostly in the third and fourth years. The rigidity of the curriculum limits students in the choice of OT program journey or courses in other programs they could take to increase their knowledge of the change agent role. The content of the program is mostly biomedical and less psychosocial, although the latter is more relevant to the change agent role in OT. A biomedical approach tends to adopt a mechanistic view of the intervention and focus more on health as a main goal. Although health is important in OT, so are quality of life, well-being, and occupational engagement. This focus on biomedical approaches is related to the context of the healthcare system.

There is some change agency to do even in the healthcare system because that's what we often experienced in it. Quality of life and well-being are emphasized as a goal, which isn't easy in the medical environment, but we play a change agent role when we focus on that. (TT group)

**Lack of Resources.** Some participants in the teaching team group talked about the lack of human and financial resources available to teach and assess the change agent role correctly. Because of this lack, they use teamwork assessment even though this would not be their first choice as an assessment method.

Sometimes, we are limited by the budget we have for assessment methods, which has an adverse effect... We don't necessarily choose the best assessment methods and I think that is part of the program approach. We must be able to decide for which courses it would be all right to exceed the budget for

assessment methods because it's important that we follow up like [name of teacher] said, with feedback. Otherwise, we must use teamwork assessment because it's the only thing that stimulates reflection and costs less. (TT group)

Also, teachers feel that they do not have enough time to teach relevant content. These shortcomings might stem from a lack of recognition of the role in the program. Hardly any university credits are associated with the change agent role while too many credits are earned with conventional biomedical courses.

#### **Participants' Proposed Curriculum Improvements**

Four overarching themes regarding potential curriculum improvements, including 12 sub-themes were identified (see Table 3). Themes are: content to establish, instructional strategies to apply, assessment methods to use and organizational facilitators. Content to establish (n = 3 sub-themes) is specific to informative teaching, instructional strategies (n = 4 sub-themes) and assessment methods (n = 3 sub-themes) can be applied to all three levels. Organizational facilitators (n = 2 sub-themes) are unrelated to the levels.

Table 3

Participants' Perspectives Regarding Curriculum Improvements According to Teaching
Level

| Proposed curriculum improvements                                   |   | Sb |
|--|---|----|
| Informative content to establish                                   |   |    |
| Enhance OT basics and broaden content to include other disciplines | • |    |
| Explicitly explain the change agent role and possible actions      |   | •  |
| Enhance biomedical courses by adding change agent content          |   | •  |
| Instructional strategies to apply (all levels)                     |   |    |
| Informative conferences and testimonials                           |   | •  |
| Formative mentoring  | • | •  |
| Formative inter-cohort and inter-program activities                |   |    |
| Formative and transformative experiential learning                 | • | •  |
| Assessment methods to use (all levels)                             |   |    |
| Variety  | • | •  |
| Feedback instead of traditional exams                              |   | •  |
| Teamwork with a moderator  |   |    |
| Organizational facilitators unrelated to the levels                |   |    |
| Deployment and organization of the curriculum                      |   | •  |
| Reflect on the OT program approach to assessment taking the        | • |    |
| budget into account  |   |    |

a: teaching team group

b: student group

#### Informative Content to Establish

Participants noted that the informative content covered in the OT program could be improved by enhancing OT basics and broadening content to include other disciplines, by providing explicit explanations of the change agent's role and possible actions, and by modifying current content to incorporate change agency content.

#### **Enhance OT Basics and Broaden Content to Include Other Disciplines.**

Teaching team participants suggested teaching the foundations of OT in detail as early as possible in the curriculum, including occupational participation and engagement. Later in the curriculum, occupational efficiency and skills should be taught as well as OT basics, including *Lifestyle Redesign*© (Clark et al., 1997) and *Do Live Well*© (Moll et al., 2015). Also, disciplines other than health sciences, such as politics, psychology, and sociology, are relevant to change agency learning. "Knowledge of politics. Also sociology, social psychology. Understanding different power issues. Knowing why we want to act. There are different things to understand, therefore broaden the content, not just OT." (TT group)

**Explicitly Explain the Change Agent Role and Possible Actions.** Student participants wanted to know more about the change agent role, change agency actions, and what resources to use when working on a change project because they do not fully know or understand these aspects.

I kind of understand the change agent concept but actions or interventions that I can do [as a change agent], things like that, I'm a bit lost. Perhaps it's because I haven't done my third year that I don't know about interventions, but I feel that I wouldn't know [anyway] [...] what concrete actions I could take. (S group)

They also want to understand social and occupational issues experienced by the population with special needs (e.g. poverty, underserved population, new immigrants and LGBTQ2+ community) and how to address them as a change agent. This information should be included in some OT program theoretical conferences as well as in clinical scenarios featuring problem-based learning (PBL).

Enhance Biomedical Courses by Adding Change Agent Content. Student participants also proposed modifying current content in some PBL courses by adding content related to the change agent role. These courses would be clinical scenarios about vulnerable populations where change is needed to foster their well-being. Despite the potentially more theoretical focus, students said it was relevant to talk more about change agency in biomedical courses, such as neurology in OT. Such discussions would help to integrate this role in students' professional identity and to promote occupational justice and well-being through inclusion in biomedical courses.

I think it would be relevant to include scenarios that highlight this role in different courses. It is important to mention it when we address population topics and it emerges in other [PBL] scenarios as well. [...] It would stimulate discussion in the tutorial

and make us start to... think about our role. Also, [step 7 of PBL] everyone is thinking by themselves because it's part of OT. (S group)

#### Instructional Strategies to Apply (all levels)

When considering potential instructional strategies to support the development of change agent competencies, participants underlined informative conferences and testimonials, formative mentoring, and inter-cohort or inter-program activities, as well as formative and transformative experiential learning.

Informative Conferences and Testimonials. Student participants recommended the use of informative in-class conferences specifically on the change agent role, associated concepts and their applicability, and how to develop an awareness of people's needs. These conferences would result in a better understanding of the role. They could be offered in the first year of the program and include testimonials from professionals and clients who have worked on change projects, providing a view of their outcomes from their perspective. "It's interesting to have the professionals' version of change agents' work [and] have patient testimonials (...). To see our role through their eyes. How to get off the beaten track and be successful in initiating change." (S group)

**Formative Mentoring.** As indicated previously, OT program students are supported by mentors throughout their four-year curriculum. Participants underlined the need to select and train these mentors properly so they can help students effectively in their formal and informal activities and change projects. Training should include specific ways to support students who think and act differently from their peers, such as how to give them the right tools for their personal development. According to the teaching team participants, this type of support will encourage students to innovate and carry out their change project, be it formal or informal.

We have had students with great awareness of change agency, but who felt alone and not supported. I think we underuse our mentoring system to really support these young people who think outside the box. [...] Our mentors now have initial interviews to become mentors. We should focus on the kind of mentors we recruit so they are capable of supporting more innovative students [...], who have a special aptitude in that regard. Because I often had comments such as: "He doesn't want to do things like the others..." It's okay not to do things like the others! You just have to support them and give them the tools to make progress. (TT group)

Formative Inter-Cohort and Inter-Program Activities. The teaching team suggested that inter-cohort or inter-program (e.g. with the social work program) formal activities could promote the collaborative work that is important in change agency. Expected competencies according to academic levels and professions would be specified.

We proposed the idea of having transversal [activities] through cohorts. I think that to be paired with students from another cohort, if it's possible, could be a way to shake things up, to get them out of their comfort zone. (TT group)

This kind of activity would limit comfortable teamwork patterns among students (e.g., always working with the same teammates) and could enable the completion of long-term projects in the community.

Formative and Transformative Experiential Learning. Experiential learning, which consistently confronts students with reality rather than only addressing theoretical content in class, can take four different forms according to participants. One form is immersion in a work context to learn more about politics, work relationships, and collaborative work in OT. For example, courses could be tailored to the work environment, like schools, and include visits. Another form is community volunteering. Here, students could volunteer one or two days per year in community organizations as part of a specific course. Student participants mentioned that other programs already include these types of activities. In medicine, a professional working situation (PWS) enables students to help the community by working on a project.

It's also done in the new professionalization stream in medicine with PWS courses. [...] PWS courses aren't necessarily linked to your practice, such as in OT or medicine, but they will help you. [...] They include several hours of volunteering in a chosen organization, followed by another activity linked to the change agent role that they have to play [...]. They associate it with an organization, for example [suicide prevention association] or Meals-on-Wheels, then the organization expresses a need and together they work on a project to help them. [...] This contributes to society and helps both organizations with needs and more vulnerable populations. (S group)

A third form involves projects with a vulnerable population, such as helping them in a change project to defend their rights or take up challenges related to OT's main goals (health, well-being, quality of life and/or occupational engagement). Finally, a fourth form is working on a special project that is recognized, available and earns OT program credits. A mentor could be in charge, follow the student(s) and assess the work done. The advantage of this kind of project is the flexibility in academic progress: it could be done even in the summer.

#### Assessment Methods to Use (all levels)

Assessments are essential at every teaching level to determine the extent to which students have understood and integrated knowledge and skills pertaining to the change agent role. According to the participants, to be effective and relevant assessments must include different aspects, such as a variety of methods, different feedback sources instead of traditional exams, and teamwork with a moderator.

Variety. According to the teaching team group, multiple assessment methods must be used to assess the role of change agent. Teachers emphasized the importance of tailoring assessment methods to the competencies being assessed. Participants thought that individual assessments using reflection, writing and promotional writing could be used to assess most change agent skills. However, collaborative work would require a teamwork assessment. As noted previously, teamwork could be inter-cohort.

It depends on which skills. Obviously, when talking about collaborative work, there's no way around it, teamwork is a must, also with the community! [...] Perhaps at different points in the curriculum we could scale up but, in any event, some competencies are more individual and may need to be developed with schoolwork involving reflection, writing work, and promotional work. (TT group)

Feedback Instead of Traditional Exams. Teachers thought that assessments could not be conducted as is done with biomedical theoretical knowledge (e.g., traditional exams). "You can't assess change agent skills the way you measure neurology knowledge acquisition. If you teach a change agent course and the assessment method is an exam that talks about change agency [...] this is not appropriate." (TT group) They base this assertion on the fact that students acquire change agent competencies through a process in which quantifying success and failure is difficult and undesirable. Assessments should focus on students' experiences, values, recognition of social, occupational, and professional issues, progress in their planned work, and the barriers encountered, and use various sources of feedback.

It's really about using the right methods, peer assessment, assessment aspects that include sharing what you are going through, associating that with values. Consideration must be given to the method used in the feedback, in the discussion, but not feedback where we say: "you are doing well" or "you are doing poorly", clearly that doesn't make sense. Instead, feedback should make students aware of social issues and ready to take action to help our society. (TT group)

Specific feedback methods could include peer reviews, written reflections, and oral presentations about their project.

**Teamwork with a Moderator.** Often, because of financial, time or energy constraints, teamwork is the economical way to assess students' ability to reflect. However, teaching staff reported that teamwork is useful to assess some of the core competencies of the change agent role but not all. Also, group dynamics might lead to uneven student contributions, sometimes because of the roles that each of them plays in the team. Thus, the work does not necessarily reflect the progression in skills for all students in the group.

Teamwork, you must be careful with that too. We will not be able to support some students in developing their skills because they will follow the team. We wish they would export their skills to other teams. I think that will be difficult for some students. (TT group)

To remedy this, teachers stressed that the OT program must rethink its program approach and provide the necessary resources to support relevant individual assessment methods.

#### Organizational Facilitators Unrelated to the Levels

According to the participants, improving the development of change agency skills requires significant modifications in the deployment, organization, and approach of the OT program. The potential areas of improvement include phased and more frequent teaching of the change agent role throughout the curriculum. Additionally, OT program approaches influence the way pedagogical budgets are allocated. By adding newly recognized subjective assessments, the OT program will be able to assess students properly relative to the change agent role without exceeding the assigned budget.

Deployment and Organization of the Curriculum. Most participants agreed that change agency content must be taught starting in the first semester of the first year and continue throughout the program. The teaching team group thought it would be helpful to have a program with a variety of streams rather than a block of four years with the same stream and courses for everyone. These varied streams could provide sufficient space for students to explore social and professional problems and be motivated to act as change agents aiming to solve them. Greater empowerment and action capabilities could be sustained right from the start and for the duration of the program. This might prevent students from feeling misunderstood and being reluctant to act.

The first step is to initiate activities that create awareness about what we need to change. I think recognition must precede action. In recent years, many students saw a great injustice or the limited value placed on diversity, and they have this issue and this desire to change things related to the social issues I just mentioned. If they do not get input quickly enough, they lose motivation. So my first point is that, from the very first activities, we must learn to recognize the social issues in which we can invest ourselves. For those who already have this propensity, we must empower them and enable them to act. Otherwise, they will still be distressed about this, believing that it is unfair, that people, even teachers and supervisors, don't understand. It's like there's a generation gap that might be created; I don't think it's true but they feel that young people know things that experienced people do not. (TT group)

#### Reflect on the OT Program Approach to Assessment Taking the Budget into

**Account.** Participants mentioned that the scientific literature now supports more subjective forms of assessment that go beyond conventional practices because their validity and reliability are greater than previously estimated. These types of assessments are used, for example, in a community-based education approach. Participants stressed the need to redesign the program approach (see above) and integrate these forms of assessment better. After this redesign, costs associated with the use of such assessments should not exceed current budgets.

Does it cost more? No! Not if we review our strategies, [....] more and more studies on reliability [...] suggest that perhaps we took the wrong approach in our strategies regarding what is a fair and accurate assessment. To reintroduce the possibility of subjectivity and then focus on the examiner's competence and expert eye and say that's good enough, she knows what she's talking about. In the literature now, increasingly there is the past's vision of validity-reliability as well as looking towards the future. I believe that in the OT program redesign, we will have to look at all this literature in order to apply a new lens, a new window. It doesn't cost more if you change the filter, the lens and the strategy. (TT group)

#### **Discussion**

Informed by SoTL, this qualitative study explored how the change agent role is taught in a Canadian university OT program and, more specifically, current pedagogical activities and barriers encountered (objective 1) as well as possible curriculum improvements (objective 2). Results related to the first objective suggest that change agency learning is supported by current pedagogical activities such as mandatory and optional courses, fieldwork opportunities, extracurricular fieldwork and projects, research job opportunities, and teachers providing effective role models (see Appendix B for details). Barriers mentioned included a rigid sub-optimal OT program structure, lack of resources, and fieldwork that did not have any change agent role learning opportunities. Potential curriculum improvements include changes in program deployment, organization and approach (e.g. teaching change agency from the start and throughout the curriculum, reflection on the OT program approach to assessment), pedagogical content (e.g. enhance OT basics and broaden content to include other disciplines, provide explicit explanations of the change agent role and possible actions, enhance biomedical courses by adding change agent content), methods (e.g. experiential learning, mentoring, conferences, testimonials, inter-cohort and inter-program activities), and assessments (e.g. using a variety of approaches, feedback instead of traditional exams, and teamwork with a moderator). Potentially useful for educators elsewhere, such as for United States occupational therapists involved in teaching leadership and advocacy, these results will be discussed from three angles: 1) education of occupational therapists aimed at contributing to societal changes; 2) barriers to change agency education and their potential systemic origin, and 3) implications for educators and program administrators.

#### **Education of Occupational Therapists for Societal Changes**

According to Mitcham's teaching levels (2014), this OT program has formal and informal activities related to the change agent role that appear to be mostly informative (e.g. global health in OT first-year course) and formative (e.g. teaching team role model and fieldwork). However essential they are, the informative and formative activities in this OT program seem to be limited. Much like other Canadian OT programs (Bouvrette, 2017), more time is spent on raising awareness about the importance of the change agent role and its skills than on actually teaching these skills. According to Bouvrette (2017), mandatory courses on real life strategies rather than simply raising awareness about the role would increase the learning curve. These courses could include how to identify and challenge consensual or domination discourses (e.g. from the governing institution; Turcotte & Holmes, 2021b) and their possible consequences, enabling students to integrate values and opinions related to societal problems, which is an important aspect of informative activities. This type of deconstruction helps to reduce social inequalities (Turcotte & Holmes, 2021b), an aim pursued by change agents. In fact, student participants specifically suggested informative and formative teaching improvements in line with this idea (e.g. conferences and testimonials from OTs and patients to learn more about vulnerable populations as well as the lived experience of individuals and groups in a process of change). These suggestions are consistent with the pedagogy of discomfort, which involves kinetics and emotional aspects of learning to build a stronger understanding and greater knowledge (Coulter et al., 2013).

The literature also suggests the need to increase transformative activities. Transformative activities rely on experiential learning in the field and foster inclusive leadership attitudes (Mitcham, 2014); as such, they increase understanding of the content and development of change agent competencies and reasoning skills (Knecht-Sabres, 2013). These activities are aligned with Freire's pedagogical perspective (1968), stipulating that "[learners] must be given space and safety to reflect on their own" and "engage the learner as a future healthcare professional in a way that is liberating and emancipatory" (Thomas et al., 2020, p. 414). Having fewer opportunities to learn through transformative activities means students have difficulty adopting attitudes essential to a competent change agent. In the OT program, only one formal activity was transformative, i.e., the mandatory fourth year change agent project. Thus, it is not surprising that both teacher and student participants stressed increased experiential learning in their suggested improvements to the OT program, to enhance the experience of students as change agents. Many other suggested curriculum improvements were transformative, such as community volunteering, group work between students from different levels or different health professions, or immersion in occupational therapists' work in a change agent role (e.g. collaborative work or political involvement).

#### **Barriers to Change Agency Education and Potential Systemic Origin**

To achieve such OT program improvements, attention must be paid to barriers and their origin. Some barriers reported by participants (e.g., program's lack of resources and rigid structure) are part of the "hidden curricula", that is, "a set of influences that function at the level of organizational structure and culture" (Hafferty, 1998, p. 404) and might

stem from health biomedicalization and neoliberalism. Focus group participants revealed that the current OT program structure and courses were mostly biomedical and less psychosocial and were conceived and funded around a biomedical and memorization-oriented framework rather than a psychosocial and analysis-oriented framework. The only exceptions mentioned by participants were the first-year ethics and global health courses and the final year integrative project because they foster systemic changes. This framework translates into related assessment methods such as traditional exams and teamwork assessments in most courses. Participants also explicitly mentioned that a biomedical and memorization-oriented framework requires fewer human and financial resources to do educational activities, including the assessment methods mentioned, much in line with neoliberal imperatives. To counter these biomedicalization and neoliberal tendencies, participants highlighted the need to modify the timing and deployment of activities by teaching change agency from the start and throughout the OT program, which is supported by O'Keefe and colleagues (2017). Participants also talked about the sequential nature of learning, which involves deliberate planning throughout the program, starting with theoretical content and ending with the final year's OT project. Another aspect mentioned by participants was the benefits of a longitudinal, integrated approach to change agency development rather than isolated activities, which was also mentioned by Hirsh and colleagues (2014). Not only is this longitudinal, integrated teaching approach pedagogically relevant, it is also aligned with faculties' social responsibility mission (Biggs & Wells, 2011; Wood, 2022). Participants also suggested adding content from other disciplines (e.g. politics, sociology) but keeping biomedical content while incorporating related change agency topics, which might be an ingenious way to use limited resources. Adding interprofessional learning and inter-cohort activities to curricula could also result in the acquisition of the collaborative competencies (Houldsworth, 2018) that change agents need (Brian et al., 2015).

#### **Implications for Educators and Program Administrators**

Our results point to other elements that educators and program administrators should consider. First, they highlight the importance of formal and informal mentorship. Picotin and colleagues (2021) showed that professionals who have access to a mentor feel better equipped and more confident to act as change agents. This support is also helpful in increasing students' confidence before they enter the labor market. However, the literature recommends that, to act as mentors, teaching team members including fieldwork supervisors need guidance about teaching the change agent role in an authentic and effective way (Bessette et al., 2020) as well as more knowledge of evidence related to the role (Bouvrette, 2017). Curiously, modelling by the teaching team was only mentioned by the teachers themselves, not by the students. This mismatch might stem from students not being sufficiently informed of their teachers' change agent attitudes and actions. It could also be because knowing about those attitudes and actions is not sufficient to have a significant impact on competency development. A third hypothesis is that students take for granted their teachers'

contributions when assessing their OT program. Whatever the case may be, our participants proposed that occupational therapists who wish to mentor students should themselves be supported in acquiring change agent skills. This might be an effective way to concretely model the role.

Second, our results suggest the importance of monitoring progress in acquiring the change agent role throughout the OT program and having appropriate resources to do so. To tailor and use strategies to assess how students display (Sahu et al., 2019) change agent role competencies, the teaching team should pay particular attention to innovative behaviors. Assessment of such behaviors benefits from triangulation of assessment strategies such as self-assessment of skills, high validity ecological assessments by educators (e.g. through a change project and with input from community members), and specific productions (e.g. presentations or informative posters in the community; Elliot & Sandberg, 2021). This variety of assessment strategies is consistent with many of the participants' proposals. For example, adding university credits for extracurricular projects and integrating new forms of assessment, including feedback rather than traditional exams, should help to monitor progress in the change agent role and not cost more than the program can handle. However, participants also underlined the presence of multiple barriers, including the teachers' limited change agent knowledge and skills, which should be a focus for faculty development. In light of curriculum improvements required to support the acquisition of change agent competencies, ways to more effectively support the OT program teaching team, including part-time lecturers and fieldwork supervisors, must be developed and researched. Finally, as suggested by participants, innovative fieldwork types should be developed, securely funded and promoted. In line with experiential (Cristol & Muller, 2013; Dornan et al., 2019; Yardley et al., 2012) and service learning (Niehaus & Kavaliauskas Crain, 2013), such fieldwork types could engage students with communities in vulnerable situations through civic engagement (Furze et al., 2011; Lahav et al., 2018), put them into action to generate change and support them in their reflections and awareness. With these fieldwork assignments, students and their supervisors could potentially address many occupational problems, which could fulfill universities' social responsibility mission.

#### Limitations

Because of the study design and small sample size, transferability of the results might be limited. However, the results can foster reflection in other OT programs around the world, including in the United States, and both methodological and reflective processes with key stakeholders involved in the program can be replicated elsewhere. The research team had difficulty recruiting first year students, probably due to their lack of knowledge and lack of interest in the role. Recruitment of fourth year students and recent graduates was also difficult because, for the first, the interview took place during their final exam period and, for the second, because of limited availability due to clinical work. These difficulties might have influenced the results. Finally, the research team had intimate knowledge of both the OT program and most of the participants. This could have helped to obtain rich information as well as increased sensitivity to the data.

However, it could also have induced social desirability on the part of the participants and bias through preconceptions. These risks were mitigated by the reassurance given to participants in both groups as well as the involvement of a team member from outside the OT program.

#### Conclusion

Overall, results from this innovative project indicate that although this specific OT program teaches the change agent role, there is still much room for improvement. Both teaching team and student participants were keenly aware that new initiatives and ways of thinking should be implemented. Informed by SoTL, this qualitative study showed how important it is to engage students with faculty to improve program delivery. Student participants proposed many innovative ideas related to teaching the change agent role in the OT program. Curriculum renewal processes can certainly benefit from having multiple voices at the table. Developing change agent competencies requires specific content, methods, and assessments. Recommendations to improve integration of this role in the curriculum relate to systemic barriers that impede role acquisition as well as formal and informal activities, contents, and instructional strategies. These recommendations may also be relevant to OT programs elsewhere. Ultimately, better acquisition of the change agent role by students could support more relevant healthcare services in the community for vulnerable populations or populations with special needs.

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#### Appendix A

Part of the teaching team focus group interview guide<sup>1</sup> and figure depicting the process of developing themes and sub-themes with examples from the teaching group

#### Part of the teaching team focus group interview guide<sup>1</sup>

## Actual formal and informal activities that support the development of change agent competencies

- 1. Currently in the program:
  - a. What formal activities support the development of change agent competencies?
  - b. What informal activities (hidden curriculum) support the development of change agent competencies?
  - c. What activities hinder the development of the change agent's competencies?
- 2. What content in the program contributes to the acquisition of the required competencies?
- 3. What instructional methods (excluding assessments) in the program contribute to the acquisition of the required competencies?
- 4. In the current program, how are the change agent competencies assessed?

### Formal and informal activities to support the development of change agent skills in the future (potential improvements)

- 5. In regard to the curriculum renewal and considering the integrated program approach:
  - a. What formal activities could support the development of change agent competencies?
  - b. What informal activities could promote the acquisition of change agent competencies?
- 6. What content:
  - a. Could contribute to the acquisition of the required competencies, now and in the future?
  - b. Could address current socio-professional issues that present occupational inequities in practice and/or the health care system?
- 7. What instructional methods (excluding assessments):
  - a. Could contribute to the acquisition of the required competencies, now and in the future?
  - b. Are consistent with the changes your students will need to initiate when they practice in the future?
- 8. In the future program, how should these competencies be assessed?
- 9. Is there anything else you think is important to consider in teaching change agent competencies?

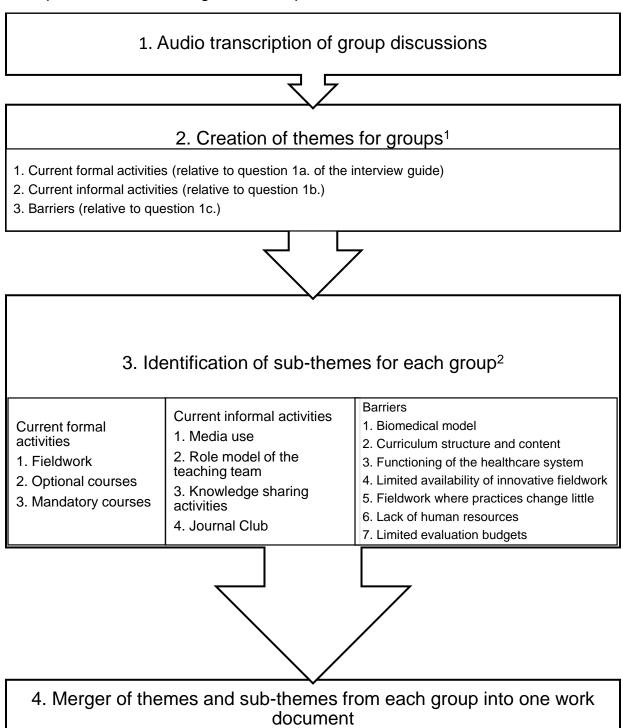
Our meeting is coming to an end. [Observer summarizes the discussion. 5 to 10 minutes]. Is there anything else that was not discussed that we should know about to improve the training?

Thank you for your participation in this discussion.

<sup>1:</sup> Questions for students' group were the same.

Figure A1

Four-Step Process of Developing Themes and Sub-Themes for Both Groups Including Examples from the Teaching Team Group Data



- 1: Same for both groups.
- <sup>2</sup>: May differ from one group to the other, depending on the subjects discussed during the focus groups.

#### Appendix B

Key points concerning literature recommendations versus the participants' perspectives regarding how the change agent role is taught and should be taught in the OT program

Table A4

Comparison Between Literature Recommendations for Teaching Change Agency and Results from this Study

| Literature findings and recommendations   | Current pedagogical activities in the OT program (obj. 1)   | Participants' proposed curriculum improvements (obj. 2)  |
|---|---|--|
|   | Informative level activities  |  |
| Including reasoning skills, and humanities and social science content (e.g. social justice, culture and power relationships). <sup>1-2</sup>  | Two first year mandatory courses (content: health improvement, social equity and justice, inclusive approaches, and interventions with individuals in vulnerable situations). | <ul> <li>Adding conferences about the role, (including associated concepts and people's needs).</li> <li>Enhancing OT basics and broadening content to other disciplines (e.g. politics and sociology).</li> <li>Explicitly explaining the role and possible actions.</li> </ul> |
| Including change agency skills, strategies and how to use them in real work contexts instead of only raising awareness. <sup>3</sup> (e.g. how to identify and challenge consensual or domination discourses <sup>4</sup> ). Including instructional strategies based on Boler's pedagogy of discomfort (e.g. case histories). <sup>2-5</sup> |   | <ul> <li>Modifying PBL content by adding clinical scenarios about populations in vulnerable situations where change is needed.</li> <li>Adding testimonials from patients to see the change agent role through their eyes.</li> </ul>  |
|   | Formative level activities  |  |
| Developing fieldwork placements that offer opportunities in multidisciplinary competencies (e.g. communication skills and collaborative work) <sup>6-7</sup>  | <ul> <li>Five formal clinical placements: one in second year, one in third year and three in fourth year.</li> <li>Most of clinical placements are in</li> </ul>              | Adding experiential learning experiences such as innovative fieldwork opportunities.   |

| Literature findings and recommendations   | Current pedagogical activities in the OT program (obj. 1)   | Participants' proposed curriculum improvements (obj. 2)   |
|---|---|---|
|   | conventional organizations without opportunities to develop change agent competencies properly.   |   |
| <ul> <li>Guiding fieldwork supervisors so they:</li> <li>Can teach the change agent role in an authentic and effective way.<sup>8</sup></li> </ul>  | <ul> <li>Four one-year long mentoring classes.</li> <li>Teaching team act as change agent<br/>role models for students.</li> </ul>  | <ul> <li>Providing formal and informal<br/>mentorship to students in their formal<br/>and informal activities.</li> </ul>                   |
| <ul> <li>Know more on evidence related to the<br/>role.<sup>3</sup></li> </ul>  |   | <ul> <li>Providing more support and training to<br/>students' mentors.</li> </ul>   |
| Developing instructional strategies based on experiential learning (e.g. service learning). <sup>9-10</sup>   | <ul> <li>One third year mandatory course linked<br/>to community-based educational<br/>strategies and involving clinical<br/>interactions with real-life clients who<br/>can be in a vulnerable situation and<br/>who are dealing with issues related to<br/>their productive occupations.</li> </ul> |   |
|   | <ul> <li>Extracurricular fieldwork (e.g. going in<br/>an underdeveloped country to practice<br/>OT).</li> </ul>   | Valuing and recognizing relevant extracurricular fieldwork experiences.   |
| Including collaborative work. <sup>1-2</sup>  | O1).  | Adding inter-cohort learning and inter-<br>program formal activities to promote<br>collaborative work in healthcare and social<br>services. |
|   | Research on change agency through contacts or internships with professors who conduct such research.  |   |
|   | All levels activities   |   |
| Assessing innovative behaviors through triangulation of strategies, such as: self-assessment of skills, high validity ecological assessments by educators (e.g. through a change project and with input from community members), and specific productions (e.g. presentations or informative posters in the community). <sup>11</sup> |   | Using evaluative methods better suited to change agent competency development (e.g. feedback instead of classic exams).                     |

| Literature findings and recommendations  | Current pedagogical activities in the OT program (obj. 1)  | Participants' proposed curriculum improvements (obj. 2)  |
|--|--|--|
|  | Transformative level activities  |  |
| Increasing number of transformative activities. <sup>1</sup>   | <ul> <li>One transformative mandatory course<br/>(change project).</li> <li>Extracurricular projects (e.g. volunteer<br/>work on social and environmental<br/>issues). Currently not recognized by the<br/>OT program.</li> </ul>  | Adding transformative activities (e.g. more change projects with communities in vulnerable situations, community volunteering).  |
| Increasing human creativity to solve   |  |  |
| problems. 4-12   | Organizational barriers  |  |
| Docking with social responsibility mission   | Organizational partiers  | Adding innovative fieldwork assignments  |
| of universities programs. <sup>13-14</sup>   |  | could help meet universities social responsibility mission.  |
| Teaching change agency in a longitudinal, integrated approach, rather than through isolated activities, 15 and/or deploying the role throughout the curriculum. 16 Integrating change agency in programs encounters barriers that are part of the "hidden curricula" (i.e. "a set of influences that function at the level of organizational structure and culture"). 17  • Neoliberal governance implemented in Canadian Universities with major budget cuts. 18  • Biomedical focus (i.e. disproportionally oriented on biomedical content). 1-2 | <ul> <li>Rigid OT program structure limiting the choice of academic path or relevant courses for students.</li> <li>Lack of time to teach relevant content.</li> <li>Lack of resources influencing types of evaluation used (e.g. biomedical and memorization-oriented framework requires fewer human and financial resources).</li> <li>Professors and lecturers who lead innovation projects are usually not paid to supervise them. Such projects are thus limited.</li> <li>Monitoring progress in acquiring the change agency competencies throughout the OT program implies having appropriate resources to do so.</li> <li>Too many credits associated with conventional biomedical courses.</li> </ul> | <ul> <li>Deploying change agency teaching from the beginning of and throughout the OT program.</li> <li>Reflecting on approach to assessments while taking the budget into account.</li> <li>Using the most relevant assessment methods to evaluate the progression of change agency competency development (i.e. not limited to low-cost teamwork assessments).</li> <li>Adding university credits for extracurricular projects.</li> </ul> |

- <sup>1</sup>: Mitcham, 2014.
- <sup>2</sup>: Thomas, Kuper, Chin-Yee, & Park, 2020.
- <sup>3</sup>: Bouvrette, 2017.
- <sup>4</sup>: Turcotte & Holmes, 2021b.
- <sup>5</sup>: Coulter, Campbell, Duffy, & Reilly, 2013.
- <sup>6</sup>: Carrier & Beaudoin, 2020.
- 7: Brian, Cook, Taylor, Freeman, Mundy, & Killaspy, 2015.
- 8: Bessette, Généreux, Thomas, & Camden, 2020.
- 9: Maloney, Myers, & Bazyk, 2014.
- <sup>10</sup>: Seifer, 1998.
- <sup>11</sup>: Elliot & Sandberg, 2021.
- <sup>12</sup>: Turcotte & Holmes, 2021a.
- <sup>13</sup>: Biggs & Wells, 2011.
- <sup>14</sup>: Wood, 2022.
- <sup>15</sup>: Hirsh, Holmboe, & ten Cate, 2014.
- <sup>16</sup>: Henderson & Chick, 2017.
- <sup>17</sup>: Hafferty, 1998.
- <sup>18</sup>: Webber, & Butovsky, 2018.