



REVIEW PAPER

doi DOI: <https://doi.org/10.20883/medical.398>

Education in Occupational Therapy: The Transition to the Academic Level. Changing the Professional Identity of Occupational Therapists in Switzerland

Ursula Gubler Thomann*

ZHAW Zürcher Hochschule für Angewandte Wissenschaften, Winterthur, Schweiz

* *Corresponding Autor:* email: ursula.gubler@zhaw.ch

ABSTRACT

The aim of the article is to summarise the development of the teaching and training programme for occupational therapy in the German part of Switzerland over the years 2006–2019. As the responsible program director and project manager in the transition from higher education to an academic level, the author of this article was strongly involved in changing the professional identity of occupational therapists in Switzerland. The following text presents her personal overview of this transition. The main focus lies on education, the change process and how academisation has gradually changed the curriculum in Switzerland.

Keywords: occupational therapy, Switzerland, Poland, education.

Introduction

The aim of the article is to summarise the development of the teaching and training programme for occupational therapy in the German part of Switzerland over the years 2006–2019. As the responsible program director and project manager in the transition from higher education to an academic level, the author of this article was strongly involved in changing the professional identity of occupational therapists in Switzerland. The following text presents her personal overview of this transition. The main focus lies on education, the change process and how academisation has gradually changed the curriculum in Switzerland.

Short presentation of Switzerland and a comparison with Poland

Switzerland lies in the heart of Europe and is a small country. With an area of 41,300 km², it is about 7.5 times smaller than Poland with its 312,700 km². In Switzerland, there are 26 cantons and four national languages including Swiss German, French, Italian and Romansh. Switzerland has 8.5 million inhabitants, while Poland has 38.4 million.

Poland has almost 3,000 occupational therapists (OTs) today, with about 900 of them possessing an academic degree; this includes about 30% of all OTs. In Switzerland, despite its size, the numbers are very similar. There are about 3,000

occupational therapists practicing, with 40–50% of them possessing an academic degree, and the rest, a diploma degree. The first national OT organisation in Poland was founded in 2015, while in Switzerland it was founded as early as 1956.

Brief historical review of relevant political decisions in connection with the academicisation of the occupational therapy profession

In order to gain a better understanding of career development in Switzerland, some political milestones relevant to occupational therapists are explained hereafter.

Until the 1990s, the education of non-university health professions at higher medical colleges was regulated at the cantonal level and led to a diploma degree. In 1998, with the federal decree to establish so-called "Universities of applied sciences", a change from cantonal sovereignty and legislation to national legislation took place. This means that the new regulations applied to the entire country. The aim of this new model was to open the educational system for people with an apprenticeship and to give them the opportunities to develop their competences at an academic level. The contemporary Swiss landscape of universities of applied sciences comprises seven public universities of applied sciences and a private one. The public universities of applied sciences are each supported by one or several cantons.

In 1999, the Bologna Declaration was signed. The Declaration paved the way for academicisation in health professions, including occupational therapy, physiotherapy, nursing, midwifery and other medical fields.

Universities in Switzerland and the relation to Occupational Therapy

Switzerland today has three different types of higher education institutions: Universities, the Swiss Federal Institute of Technology (ETH), and the Universities of Applied Sciences. In the canton of Zurich, where the ZHAW is situated, the options are as follows: The most well-known

educational establishment is the Swiss Federal Institute of Technology (ETH), which is under federal authority and teaches 17,000 students. Then there is the University of Zurich, under cantonal authority, with 26,000 students. The Faculty of Medicine alone has about 50 institutes and clinics and teaches 2,000 students. The third type of higher education institution is called "Zürcher Fachhochschulen" (ZFH): It consists of three public institutes of higher education, the Zurich University of Teacher Education (PHZH), the Zurich University of the Arts (ZHdK), and the Zurich University of Applied Sciences (ZHAW).

Occupational Therapy is only offered at one German-speaking university of applied sciences in Switzerland, namely the ZHAW. There is another university of applied sciences in the French-speaking part of Switzerland and another one in the Italian-speaking part. Therefore, one can study the profession in three different universities of applied sciences in Switzerland. The ZHAW consists of eight departments with very different studies, for example, the School of Management and Law, the School of Architecture, Design and Civil Engineering, or the School of Applied Psychology. The School of Health Professions has existed since 2006, and consists of five institutes: The institutes for Occupational Therapy, Physiotherapy, Nursing, Midwifery, and Health Promotion and Prevention. All institutes have four areas of activity: The two areas that the government supports are the bachelor and masters degrees, while research and development are funded by third parties. The two other areas include consultancy and services as well as continuing education. The four areas of activity make one big difference in comparison to the previous system: research is situated close to education, with the idea being that the results of research are reincorporated into education.

Transition from OT education to university level and consequences for the "field"

Since 2006, occupational therapy in Switzerland has been taught exclusively at Universities of Applied Sciences. The decision for the academicisation of the profession was instituted by

the government and justified with the high complexity of the professional activity, and the high responsibility (especially because occupational therapists can practise independently). The occupational therapists celebrated this decision as a success, and as recognition of the achievements of the profession. But the consequence for the two previous OT Schools in the German-speaking part was that they had to close in 2008/2009, and since then, two different levels of professional qualifications have existed simultaneously: The academic Bachelor of Science degree, and the previous diploma degree. In practice, this led to a division that caused uncertainties and major discussions about the job description, and what the political changes should bring about concretely in practice. This will be discussed in more detail later. For the teachers working at the previous OT schools, it was decided that they had to acquire a Masters degree if they wanted to apply for a position at ZHAW, therefore, the transition from OT education to university level brought along big changes for everyone involved.

In 2006, the different professional groups such as OT, PT, and Nurses jointly started their new Bachelor Degree Programmes – with new teams, at a new location, under new management and all professions consolidated. This was a huge change both in terms of team composition and location. For the students, it meant that everyone had to have a Higher School Certificate. Thus, the demands on both the trainers and the students increased at the same time. In practice, this led to many questions and uncertainties, as is often the case when change occurs. In 2006, the first Bachelor Degree Programme for Occupational Therapy at ZHAW included 72 students. After accreditation in 2008, the curriculum was refined and established in 2012. Currently, the third bachelor curriculum is being developed.

First phase of Curriculum Development in Occupational Therapy from 2005–2007: an overview of the challenges and opportunities

Hereafter, the changes and selected challenges and opportunities related to the process of acade-

misation, the structures, and the contents will be outlined. Challenges and opportunities are often intertwined – therefore, both will be addressed in the following remarks.

Challenges and opportunities related to the developmental process from 2005–2007

The start of the curriculum development in the year 2005/2006 was especially demanding: A project team was put together to develop the curriculum, consisting of employees of the previous schools and new colleagues. The first appointments were made in the course of 2006. Some of the major points of discussion that emerged included:

«Academic degrees are expected from teachers»

At the previous OT schools, very few employees had an academic degree. They were all experienced practitioners with a further education in pedagogy. However, an academic degree was now required from teachers by the university of applied sciences. It was clear that a Master's degree was expected, but not exactly what kind of degree it had to be. Additionally, it was not yet possible to acquire such a degree in Switzerland. So the teachers went to Austria for a Master's degree in Neurology Sciences, or did an international Master's degree in OT or in education. The costs for a Master's degree amounted to approximately 20,000 to 25,000 Euros. The majority of these costs were born by the employees themselves. The graduation was one thing, but the question of which skills and which knowledge were required was unsettling because they were not defined in detail at that point.

«To develop the collaboration of a new team coming from different countries in a new organisation with a new head»

The project team included experienced teachers and members of the previous schools. This was of advantage on the one hand, since didactic knowledge and teaching experience was brought to the collaboration. But, most of the team members did not have an academic education or training, which on the other hand was a challenge. The developing of an academic socialisation, i.e. a common understanding of what it means to

teach at university level, was a challenge for the team in the beginning. Additionally, a new head of the Institute of Occupational Therapy was chosen from a neighbour country, and new colleagues from neighbour countries were employed, which meant a variety of other challenges concerning team building: Learning about the different cultural backgrounds, and at the same time defining processes and rules in a newly founded big organisation.

«To build collaborations with fieldwork practitioners»

Almost a quarter of the bachelor programme in Occupational Therapy takes place in the form of internships. Another challenge was therefore to recruit partners for the skill-trainings during the fieldwork. Most of the practice partners did not have an academic degree, and they were not used to scientifically working with OT-theories and models. In the beginning, some of them were critical of working together with ZHAW. Additionally, they feared that the students would be educated too much in theory and not in practical skills, and they were unsettled about what the future would bring for their own positions.

«To implement new structures because of the Bologna system»

Due to the annual university structure, there was less teaching time available and so-called modules with ECTS points had to be created, which was a new system for everyone. This meant that many pedagogical and didactic decisions had to be made, defining new forms of teaching and learning according to the Bologna System.

«To decide on new content such as evidence based practices and scientific research for the new curriculum as a team»

First of all, how the academic curriculum differed from the previous one was defined. The different (academic) backgrounds led to huge discussions on what was actually important. For example, the new head decided to install an American framework to structure the OT contents systematically. But this structure was new for the team and thus time was needed to develop a common under-

standing, and for internal trainings. An additional topic of discussion was the imparting of skills training in the different fields; now being justified not only with experience but also with scientific knowledge. It was therefore not sufficient to teach a procedure just because it had been taught before – the team had to create new contents and procedures in relation to teaching. Every content reform needed time. Additionally, the students of course knew immediately when teachers felt unsure, which led to other incriminating challenges in the everyday life of the teachers at that time. The alterations thus often led to uncertainty in the role of the teachers.

It was decided that one of the first things to be done was to define the competences the students should have at the end of their studies, which meant that interprofessional modules for the basics in scientific working and communication skills had to be offered. A starting point for the curriculum was thus to work together with other health professions. Thus, a common understanding of academic workings was developed for the health profession, which retrospectively made sense, because the imparting of knowledge about qualitative and quantitative research was a big addition content-wise to the curriculum.

«Offering a post graduate programme for OT practitioners without a Bachelor's degree»

It was clear from the beginning that a postgraduate programme for OTs that did not have a Bachelor's degree had to be offered. This was a governmental decision to bridge the gap between the previous and the new education. The postgraduate programme was a successful model for many years and was visited by many graduate occupational therapists. They also received the title "Ergotherapist BSc".

Visible academisation related to the first curriculum structure 2006

In 2006, the first structure of the curriculum contained 49 modules within a three year program, 11 of these modules being interprofessional ones, and three being fieldwork modules. "New" in the academic sense were the modules "Scientific Work", "Bachelor Thesis", and "Theories and Models of Occupation Therapy". The names of

the other modules were – from today's point of view – rather conservative: The students started with the basics in anatomy and physiology. The first academic curriculum was therefore a mix between the old curricula and theory concerning Occupational Therapy.

New and previous contents in the first academic OT curriculum 2006

The following decisions concerning the content of the curriculum were made: New modules containing basic scientific knowledge had to be created. For these modules, the students were put in interprofessional mixed groups for the first semesters. Then, OT theory and several different OT Models (MOHO, COPM, Bieler Modell (the only Swiss Model), KAWA etc.) were taught. Didactic decisions included to work case-based, theory-based, evidence-based, problem-based and fieldwork experience-based. A further challenge was that all teachers were expected to refer to theories, and if possible to research and evidence. Instead, because good evidence could not be found for all research fields, the lecturers often referred to their own experience in the beginning. The traditional focus was put on geriatrics, paediatrics, orthopedics, vocational rehabilitation, neurology and mental health, because these are the fieldworks in practice. In general, it was a mix between the core strength of the two German-speaking schools and other international curricula. Traditional western European module titles manifested the gaps between theory and practice: Titles such as «OT in geriatrics» and «OT Models and Theory» made that gap visible. The content that was decided on was in many ways a compromise of the new team.

Insights after the first phase 2006–2009

The challenges and solutions described above required a lot of flexibility and openness from everyone involved, which was demanding. From today's point of view, content alterations in the first curriculum were only partially possible, since team building and orientation within the new institution took a lot of time and energy. Therefore I conclude: too many challenges at the same time are difficult to handle. To become a team is very important, and you need to take enough time and energy for this process.

Furthermore, it is important to consider the characteristic of one's own country: adopting models and frameworks without adaptation from other universities may not be suitable for one's own situation. Occupational Therapy is also funded differently, depending on the country. In Switzerland, it is exclusively health insurance that pays for it; Occupational Therapy is prescribed solely by doctors and takes place mostly in a medical environment. For the curriculum, these circumstances need to be considered. To develop a common picture of the goal is also very important: What kind of scientific knowledge is expected for the Bachelor level, and why? What does evidence-based practice mean? What is our core task within our medical system? Additionally, the practitioners were not involved enough in the process of developing the curriculum. Looking back, this should have been done as early as possible.

Infrastructure as a base for good teaching

The start of the occupational therapy bachelor programme was a temporary arrangement: there were rooms available for offices and lessons in various buildings on the ZHAW campus. This was experienced as partially demanding, since a lot of time was needed to change rooms. And yet: the experts were allowed to teach and work in beautiful and well-equipped rooms, which was appreciated. In 2008, the health departments of ZHAW moved into a new big building created specifically for them. From then on, the collaboration was easier because everyone involved worked in the same place.

First accreditation in 2008 and a new national project for a common understanding of competences of the Bachelor programme in OT

In the same year, an external group of official experts conducted the accreditation of the occupational therapy bachelor programme. The recommendations they had were the following:

- › the schedule for the OT students included too many contact hours: a bachelor programme should offer more space for self-studies and self-directed learning,
- › because there were too many small modules, the OT students were expected to do too many examinations (since every module had to lead to an exam and a grade in the university system).

At the same time, a national project for all health professions started: Led by the national office for health professions, all Bachelor programmes were asked to define competences for the students at the end of their studies ("Abschlusskompetenzen"). For this cause, the author was asked to be project manager and to bring all three OT universities of applied sciences in Switzerland together to define these aims together. The idea was to work on a national law for health professions, which will be implemented in 2020. This project strengthened the professional identity by working together nationally. There were a lot of discussions in all three languages, which supported a common understanding and picture for the profession of Occupational Therapy in Switzerland for the future.

Second phase of Curriculum Development from 2008 to 2012: an overview of challenges and opportunities

Challenges and opportunities related to the process from 2008 to 2012

The next phase of the curriculum development began, triggered by accreditation and the defined new competencies. The most important points of this phase were the following:

«To implement a more occupation-based paradigm and new competences»

Motivated by the recommendations from the accreditation group, it was decided to create a more modern and more occupation-based OT curriculum. This meant to focus more on occupation and less on diagnoses and illnesses. Firstly, a detailed analysis of the actual curriculum was done and discussed with the whole team and external experts. Together, it was decided to create a new second curriculum and therefore to take the next steps in our professionalisation process, and to implement the new competences. For the team, this meant a lot of additional work, but most of them showed big motivation because of the participative process in which they were involved. For others, it was too much of a change and they unfortunately left.

«To create new didactic concepts, for example an OT-Skill-Concept and a big self-directed project to enable people in occupation»

Also, the didactic approaches were modernised. One decision for example was to create an «OT-Skill-Concept» (on how to teach the important occupation therapy skills) and to strengthen the fieldwork practice in the students' examinations. Another decision was to offer a new self-directed-project with the aim of enabling people in occupation. The students could choose to engage either in a medical or in an emerging OT-field.

«To learn the basic medical knowledge in a more self-directed way»

The discussion about the medical knowledge was challenging: What was the minimum that OTs need to know? And what was the appropriate form of teaching? It was decided that students had to learn the basics themselves, and that anatomy and pathology would not be taught in plenary sessions anymore. Simultaneously, lessons for questions and repetitions were offered.

«To change the role of the teachers: From a teaching to a supporting, accompanying role»

If the students were to study in a more self-directed way, and create their own projects, the role of the teacher changes as well: Accompaniment and consultation increase, while instructing decreases. The students are trusted and given more responsibility. This leads to a changing understanding of one's role as a teacher, which relies on reflection, and a conscious shaping of the changing role.

«To bridge the gap between education and practice»

The shift between theoretical and practical education and students' occupation in fieldwork grew within that time frame. The interventions in practice were not often occupation-based, but functional because of the medical system and specific backgrounds. Therefore, it was decided to sensitise both lecturers and practitioners to a more occupation-based occupational therapy. By encouraging

communication with practitioners, joint congresses were conducted and knowledge about each other and the different forms of work increased.

Visible academisation related to the second curriculum structure 2012

It was decided to create fewer modules, and bigger modules with more creditpoints per module instead. A new structure was chosen: Firstly, the modules were named more occupation-based, for example «occupation with children» or «enabling occupation with the elderly». Secondly, mutual occupation-based topics were taught independently of diagnoses, for example ADL. But, diagnoses such as apoplexy or rheumatoid arthritis were treated with different foci with children, adults or elderly people. The previous working fields remained, but were slightly less prominent. In addition, it was decided to offer the modules over a defined period of time, e.g. 2–4 weeks, and then conclude them with a certificate of achievement and no longer run all of the modules during the whole semester. Therefore, the examinations were distributed evenly at the end of the semester, which made it possible to work more topic-oriented and focus on one theme over a defined period of time.

New and previous contents in the second curriculum 2012

The second curriculum in 2012 was based on the new national competencies referred to as CANMED. It was also decided to work with the OTIPM Occupational Therapy Intervention Process Model developed by Anne Fisher. The idea was to teach the students occupation-based from the beginning. A different content structure was chosen: in the first year, the focus lied on the micro level (meaning on the client and the therapist), in the second year, on the meso level (the client, the therapist and the environment/organisation), and in the third year, on the macro level (the client in the society). Also, Occupational Science became more important as module content.

Some of the most important points were:

«New didactic concepts: more e-learning and blended-learning for medical knowledge and to teach more exemplarily»

We developed e-Learning tools for anatomy and pathology, and other basic medical content

such as, for example developmental psychology, because of the conviction that learning the basics must be done by the students themselves, who are well-prepared and accompanied. Thus, the lessons were used more and more for the teaching of practical content, where e.g. presenting and explaining is indispensable (e.g. practicing a transfer, guiding a group, etc.).

«To implement a concept to accompany students and reflect how and what they learn together»

It was decided to give the students more control over their learning, while at the same time a student support concept was developed. Each student was assigned to a group of approximately seven persons and received a mentor for the entire period of study. Together with the mentor and the fellow students, a regular reflection on the acquisition of competence was stimulated. This took place individually and in groups, in writing as well as orally. Training reflective faculties as well as giving and receiving feedback are important competences that are demanded in everyday OT work, and that promote one's own professionalism in the sense of reasoning.

«To discover emerging fields and experience the topic of "enabling occupation" in real life as much as possible»

It was also decided to create a new module called «Projektwerkstatt» (workshop) where students learned to plan and create their own projects to support clients in enabling occupations. Thereof came to be many different projects, for example «how to bring elderly people and children together to play and cook» or doing sports with people that cannot do it themselves. These projects took place in practice, and we thus expanded the cooperation with our practice trainers, which was experienced very positively. These new fields were in no way in competition with the existing ones. Moreover, it was about expanding the sphere of OT activity wherever possible and useful, to make the occupation more known.

Learnings after the second phase from 2008 to 2012

The biggest change of the second curriculum was conferring more importance to the occupation

focused attitude. At that time, the essentials of academisation, a common comprehension, and the new contents were already resolved. The team building had progressed, therefore new changes of the curriculum were possible. The decision to put the occupation in the foreground was probably the most important. Most teachers did not have their own practice with patients at the time, which made it a theoretical construct at first that needed time to be established. This focus proved to be a positive one, but needed time to be taught with head, heart and hand. The comprehension of learning had developed and thus reducing content and working more exemplarily was important to create space for new content (such as a project about self-learning) as well as trusting the students to connect related topics in the future.

Bringing together similar occupation-focused themes, for example «ADL», independent from diagnoses but focussed on the age of life, was another good decision to avoid duplication in class. In these years, research in OT grew throughout the whole world, including Switzerland. The teachers were now used to working with research knowledge from the OT profession much more. This was a big step in professionalisation and in working evidence-based. The teachers themselves were now also in a position to use the literature as a base for examples for the preparation of the skills-training instructions.

Outlook: Curriculum 2020

In 2018, the team started to develop a third curriculum. With an increase of students and an approaching relocation to a new and bigger building, the students should be able to study and practice in an even more personalised way. Specifically concerning the OTs, there is now a discussion about the WFOT Minimal Standards that focus on the macro level, and on social transformative activities (WFOT, 2016). Since there will be many more elderly people in the future, this will influence the daily occupations of people, and require projects or services to be developed with the people affected. The aim of the discussion is not only for personal development, but for wider social change (ENOTHE is supporting a project in this field as well).

In the future, there will not be enough OTs for the hospitals and other medical institutions. Now,

the aim is to find a way that the current situation in the world and in our country can be thematised publicly without weakening the situation of the job market. Other points are: The interprofessional collaboration will be extended because it is becoming more highly valued in our hospitals. Therefore, it was decided to strengthen the focus of collaboration in our professions, and to work more case-based and closer to the reality of the situation in the fieldwork. It is also planned to extend blended learning activities and self-directed learning because more students are allowed in the new building. Therefore, the time when students are all together in the building needs to be reduced, and more self-directed learning is offered – as can be seen, there is always a compromise between pedagogical thinking and reality.

Conclusions

After more than 13 years, it seems that professionalisation is a long-lasting process and includes much more team-development than expected. Teaching evidence and theories is very important and a big part of academisation. Occupational therapists must apply this knowledge, and work with it in practice. A challenge in the Swiss process was that OTs with the previous diplomas became scared that they were not doing a good job anymore – they lost self-confidence. Therefore, it is very important to bring together old and new knowledge and support one another, which necessitates not a competition between academics and practitioners, but teamwork. And if this is possible, the OT profession will be successful in the future as well. Research is another important part of academisation: at a university of applied sciences, it is important that the research takes as its point of departure questions which arise from practice, and that the results constitute feedback for practice. It would be ideal if the results could also impact teaching directly. This works especially well if teachers are involved in research activities. To date, this has only been possible to a limited extent at the ZHAW.

Professional identity is dependent on particular country, and on what is expected there from the professionals. It is not something theoretical, it is living in the everyday OT work. Every country has its own history. This influences the profes-

sional development, and therefore the compatriots can estimate best how the profession should develop further. Ideas from other countries are certainly helpful, but should not simply be adopted without taking the context into account. WFOT standards are supporting as stimulation, and ENOTHE is also a very good place to share and discuss these themes, for example at the annual meetings.

To conclude: the level of education of OT professionals should eventually be the same, with one system across the whole country. In this way, it will be easier to develop the profession together.

Acknowledgements

Conflict of interest statement

The authors declare no conflict of interest.

Funding sources

There are no sources of funding to declare.

References

1. Frank JR. (Ed.) The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2005.
2. Gubler Thomann U. Partizipative Diagnose organisationskultureller Veränderungen im Rahmen eines Transformationsprozesses, Masterarbeit MAS Supervision und Organisationsberatung and der Pädagogischen Hochschule St. Gallen und Akademie für Erwachsenenbildung Schweiz. 2008.
3. Le Grange M, van Hartingsveldt M, Kinébanian A. (Hrsg.) Grundlagen der Ergotherapie. Stuttgart: Thieme; 2019.
4. Oevermann U. Theoretische Skizze einer revidierten Theorie professionalisierten Handelns. In: Combe & W. Helsper (Hrsg.). Pädagogische Professionalität, Untersuchungen zum Typus pädagogischen Handelns. Frankfurt a.M.: Suhrkamp; 1999. p. 70–182.
5. Internal Documents. BSC in Ergotherapie, Curriculum 2012 (Kneisner, M., Jakobs U., Hansen H.). 2012.
6. WFOT Minimal Standards, <https://www.mailmens.nl/files/21072349/copyrighted+world+federation+of+occupational+therapists+minimum+standards+for+the+education+of+occupational+therapists+2016a.pdf>.

Acceptance for editing: 2019-11-09
Acceptance for publication: 2019-12-30