



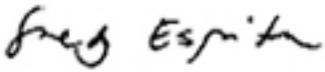
School of Graduate Studies

1280 Main Street West  
Hamilton, Ontario, Canada  
L8S 4L8

Phone 905.525.9140  
Ext. 23679  
Fax 905.521.0689  
<http://www.mcmaster.ca/graduate>

December 3, 2007

To : Members of the Faculty of Health Sciences Graduate Policy  
and Curriculum Committee

From :   
Medy Espiritu  
Assistant Secretary & SynApps System Administrator

---

The next meeting of the Faculty of Health Sciences Graduate Policy and Curriculum Committee will be held on **Wednesday, December 5, 2007** at **1:00 p.m.** in **MDCL-3017**.

Listed below are the agenda items for discussion.

If you are unable to attend this meeting, please notify me at extension 24204 or email [espiritu@mcmaster.ca](mailto:espiritu@mcmaster.ca).

### A G E N D A

- I. Minutes of the meetings of April 19, 2007 and June 13, 2007
- II. Business Arising
- III. Associate Dean's Report (no material)
  - Update on review of the School of Graduate Studies
  - Update on revisions within the HSGP
- IV. Curriculum Changes

#### Medical Sciences

- Ph.D. programs
  - Comprehensive Examination
  - Minimum course requirements (Change Ph.D. minimum course requirements to one graduate ½ course in Medical Sciences Ph.D.) – *to be circulated*
- MS \*713 - Physiology and Pathophysiology of the Gastrointestinal Tract – change in co-ordinator – *for information*

Rehabilitation Science

New courses:

RS \*711 - Musculoskeletal Health Assessment and Diagnostics for  
Advanced Practice Therapists

RS \*712 – Therapeutics for Advanced Practice Musculoskeletal Care

RS \*770 – Leadership in Rehabilitation

V. Graduate Faculty Participation

VI. Other Business

**FACULTY OF HEALTH SCIENCES GRADUATE POLICY AND CURRICULUM  
COMMITTEE**

**APRIL 19, 2007, 2:30 P.M.**

**MDCL-3016**

**PRESENT:** Dr. C. Richards (Chair), Dr. M. Black, Mr. L. DeKoning, Dr. L. Doering, Mr. N. Gill, Dr. S. Hanna, Dr. C. Ingram, Dr. J. Nodwell, Mr. J. Scime (Secretary), Dr. S. Wilkins, Mrs. M. Espiritu (Assistant Secretary)

---

**I. MINUTES**

The committee approved the minutes of the meeting of October 12, 2006 on a motion by Dr. Ingram, seconded by Dr. Wilkins.

**II. CURRICULUM REVISIONS**

Health Research Methodology

Dr. Richards discussed the following curriculum revisions for the Health Research Methodology program:

Change in course description:

\*729 – The Canadian Health Care System in Comparative Perspective

\*742 – Research Ethics

Change in pre-requisites:

\*740 – Advanced Decision Analysis in Health Technology Assessment

\*743 – Systematic Review Methods

Change in course description and change to full course:

\*790 – Advanced Analysis of Survey Data (*same as Economics 770 and Psychology 770*)

Mr. DeKoning moved, and Dr. Ingram seconded,

**“that the Faculty of Health Sciences Graduate Policy and Curriculum Committee approve, for recommendation to the Faculty of Health Sciences Executive Committee, the proposed curriculum changes for the Health Research Methodology program, as described in the document.”**

The motion was **carried.**

Change in the course requirements for the Medical Sciences Ph.D. Program

In light of Graduate Council’s decision to remove the minimum course requirements for the Ph.D. programs, Dr. Richards explained that Medical Sciences has recommended reducing to

zero the course requirements for its Ph.D. programs. Dr. Richards commented that the program required the prescribed minimum number of courses before the regulations were changed. He then referred to the document, which outlined the recommended revision.

Dr. Nodwell moved, and Dr. Doering seconded,

**“that the Faculty of Health Sciences Graduate Policy and Curriculum Committee approve, for recommendation to the Faculty of Health Sciences Executive Committee, the proposed changes to the course requirements for the Ph.D. program in Medical Sciences.”**

One member commented that courses are not necessary because it is more important for students to have as much time as possible for research work in order to complete the degree. There was a question about the impact of the regulation change in the number of courses offered by the programs. Dr. Nodwell responded that Biochemistry is not planning to reduce its courses; however, he expects that the enrolment will be smaller, i.e., 5-10 students. Dr. Nodwell does not foresee this as a problem because the class environment will be more intense and effective for students. Dr. Richards said this is an advantage for Medical Sciences because at present, they have large class enrolments. A member commented that courses about writing grant proposals are vital to Ph.D. students when they apply for scholarships. With the new regulation, the member wondered how the students would acquire grant-writing skills. Dr. Nodwell said that the Department of Biochemistry and Biomedical Sciences will address this issue by offering graduate student workshops on writing scholarly and grant applications. There was also a comment that seminars on research methods and statistics should be available to students who are writing clinical research papers. Dr. Richards said the Faculty of Health Sciences is aware of this necessity but it has yet to obtain the funding and mechanism for this purpose.

The motion was **carried**.

### Nursing

Dr. Black referred to the proposed calendar copy for the Nursing graduate program. She discussed the five fields within the program: (1) health of populations; (2) wellness and healing across the lifespan; (3) health services and policy; (4) nursing leadership and practice; and (5) nursing education. She also reviewed the calendar copies for the MN (Primary Health Care Nurse Practitioner) by Course Work, and the graduate diploma in the Primary Health Care Nurse Practitioner program. A change is also being proposed in the Scholarly Paper (course-based Master’s option) requirement. The change seeks to clarify the adjudication process to be followed when making “Pass/Fail” decisions for original paper assessment, and re-reading a paper in the event of failure.

Dr. Black moved, and Dr. Ingram seconded,

**“that the Faculty of Health Sciences Graduate Policy and Curriculum Committee approve, for recommendation to the Faculty of Health Sciences Executive Committee the proposed curriculum revisions for the Nursing Graduate Program, as described in the document.”**

The motion was **carried**.

### Occupational Therapy

Dr. Wilkins reviewed the following curriculum revisions for the Occupational Therapy program:

Change in course description:

- 617 – Wellness, Health and Occupation: Inquiry and Integration
- 627 – Person, Environment, Occupation: Inquiry and Integration
- 637 – Disability, Development and Occupation: Inquiry and Integration

Change in course title and description:

- 618 – Wellness, Health and Occupation: Professional Roles and Experiential Practicum
- 628 – Person, Environment and Occupation: Professional Roles and Experiential Practicum
- 638 – Disability, Development Occupation: Professional Roles and Experiential Practicum

### Physiotherapy

The Physiotherapy program is proposing the following changes to its graduate curriculum:

Change in course description:

- 611 – Fundamentals of Physiotherapy Practice/Problem-based I
- \*612 – Fundamentals of Physiotherapy Practice/Clinical Laboratory I
- \*621 – Fundamentals of Physiotherapy Practice/Problem-based II
- \*622 – Fundamentals of Musculoskeletal Practice/Clinical Laboratory II

Dr. Wilkins moved, and Dr. Black seconded,

**“that the Faculty of Health Sciences Graduate Policy and Curriculum Committee approve, for recommendation to the Faculty of Health Sciences Executive Committee, the proposed changes as outlined in the document for the Occupational Therapy and Physiotherapy programs.”**

The motion was **carried**.

### Rehabilitation Science

The Rehabilitation Science program has proposed a new required course, \*725 – Knowledge Exchange and Translation. Referring to the document, Dr. Wilkins explained that knowledge exchange and translation is a new concept in health care. She explained further that the discipline is focused on how new knowledge is used by stakeholders to affect positive change in health. She added that there is currently no course on this topic in the Faculty of Health Sciences. The course will be conducted in five modules, over an eight-week interval. After a brief discussion, it was decided that the statement describing the course as a requirement for Ph.D. trainees in CIHR Strategic Training Program be removed from the “*Other*” section.

Dr. Wilkins moved, and Dr. Hanna seconded,  
**“that the Faculty of Health Sciences Graduate Policy and Curriculum Committee approve, for recommendation to the Faculty of Health Sciences Executive Committee, the proposed new course RS \*725, subject to the amendment mentioned above.”**

The motion was **carried**.

#### One-year course-based Master’s in Rehabilitation Science

Dr. Wilkins referred to the document and explained that the requirements for the proposal are similar to the current part-time course-based program. She stated that the program is designed for occupational therapists and physical therapists with baccalaureate degrees who have established their eligibility to practice in the discipline and want to advance their qualifications. Dr. Wilkins also discussed the following requirements for the program: (a) five online or on-campus courses; (b) two elective courses; and (c) a scholarly paper.

Upon reviewing the proposal, there was a general comment that what is being proposed in the program is flexibility that enables students to complete the degree within one year. It was then suggested adding the Full Time option to the current calendar description of the course-based Master’s program in Rehabilitation Science.

Dr. Wilkins moved, and Dr. Ingram seconded,

**“that the Faculty of Health Sciences Graduate Policy and Curriculum Committee approve, for recommendation to the Faculty of Health Sciences Executive Committee, the addition of the Full Time option to the current calendar description of the course-based Master’s in Rehabilitation Science.”**

The motion was **carried**.

For information of the committee, Dr. Richards discussed the appointment of the following faculty members to the Ph.D. Admissions Committee for the Health Research Methodology program:

Chair: Lehana Thabane  
Member: Lisa Dolovich  
Member: Mita Giacomini

Dr. Richards also presented for information of the committee the recommended changes for the Department of Biochemistry and Biomedical Sciences. He explained that the Faculty of Science curriculum committee approved the proposed changes on April 3, 2007.

There was no other business, and the meeting adjourned at 3:40 p.m.

**FACULTY OF HEALTH SCIENCES GRADUATE POLICY AND CURRICULUM  
COMMITTEE**

**JUNE 13, 2007, 10:00 A.M.**

**MDCL-3024**

**PRESENT:** Dr. C. Richards (Chair), Dr. M. Black, Mr. L. DeKoning, Dr. L. Doering,  
Mr. N. Gill, Dr. J. Huizinga, Dr. C. Ingram, Dr. J. Nodwell, Dr. W. Sheffield, Mrs. M. Espiritu  
(Assistant Secretary)

**REGRETS:** Dr. S. Hanna, Mr. J. Scime, Dr. S. Wilkins

---

**I. MINUTES**

The minutes of the meeting of April 19, 2007 were not available.

**II. CURRICULUM REVISIONS**

Health Research Methodology

Dr. Richards referred members to the document and explained the M.Sc. curriculum requirements for the Health Research Methodology program. He discussed the following fields offered at the M.Sc. level: HRM Classic, Clinical Epidemiology, Health Services Research, Population & Public Health, and Health Technology Assessment. He also reviewed the requirements for the degree: coursework, research paper, and research internship. Dr. Richards then referred to the two new proposed courses that are in line with the new fields, which require approval from the committee.

\*750 – Practical Bayesian Design and Analysis in Clinical Studies

\*759 – Survival Analysis in Health Research

Dr. Sheffield moved, and Dr. Nodwell seconded,

**“that the Faculty of Health Sciences Graduate Policy and Curriculum Committee approve, for recommendation to the Faculty of Health Sciences Executive Committee, the new courses, HRM \*750 and HRM \*759, as described in the document.”**

The motion was carried.

A change in title and description were also proposed for course \*702 – Introduction to Biostatistics.

Dr. Doering moved, and Dr. Ingram seconded,

**“that the Faculty of Health Sciences Graduate Policy and Curriculum Committee approve, for recommendation to the Faculty of Health Sciences Executive Committee, the change in**

**title and description for course \*702 – Introduction to Biostatistics, as described in the document.”**

The motion was carried.

Dr. Richards then referred to the revised Comprehensive Examination Booklet for Health Research Methodology for the information of the committee. There was a general comment from the members that the booklet was well written. The booklet is intended to guide students and faculty members through the comprehensive examination procedures for Health Research Methodology.

Dr. Richards referred to the two courses that were proposed for cancellation: HRM \*701 – Introduction to Biostatistics, and CHS \*730 – Determinants of the Health of Populations. Dr. Richards explained that in the past there were two biostatistics courses offered in the Health Research Methodology program. With the cancellation of HRM \*701, there will only be one course left, HRM \*702. The course CHS \*730 is being cancelled because the content was revised and now offered as HRM \*748.

Dr. Doering moved, and Dr. Ingram seconded,

**“that the Faculty of Health Sciences Graduate Policy and Curriculum Committee approve, for recommendation to the Faculty of Health Sciences Executive Committee, the cancellation of courses HRM \*701 and CHS \*730, as described in the document.**

The motion was carried.

#### Changes to the Nursing Graduate Program Guide

Dr. Black briefly discussed the proposed changes to the Nursing Graduate Program Guide, specifically regarding the timing of the admission procedure to the Ph.D. program for a student who completes the M.Sc. degree requirements. Dr. Richards added that the proposed revisions are minor “housekeeping” changes.

Dr. Ingram moved, and Dr. Doering seconded,

**“that the Faculty of Health Sciences Graduate Policy and Curriculum Committee approve, for recommendation to the Faculty of Health Sciences Executive Committee, the proposed changes to the Nursing Graduate Program Guide, as described in the document.”**

The motion was carried.

The discussion concerning Ph.D. defense policies was deferred to the committee’s next meeting.

There was no other business, and the meeting adjourned at 10:30 a.m.

## Revised Comprehensive Examination – Medical Sciences Program

Considerable discussion at Medical Sciences Executive Committee resulted in the following recommendation regarding the change in the comprehensive (COMP) exam. In summary, the new exam will be a written CIHR style grant application, an oral defence of it, 5 weeks to prepare, the topic is approved by the supervisory committee, the topic can be highly related to the students work but must be an extension thereof or a new direction and cannot be identical to the supervisors grants or applications. Evaluation will be by a committee made up of one member of the supervisory committee and two Med Sci graduate faculty or designates.

Thus the new format will include the requirements to:

- 1: write a CIHR style research application, (operating module only and including the one page “summary”, the one page “progress” report, and up to 11 pages maximum for the detailed research proposal as per CIHR guidelines). This must be targeted to a specific CIHR committee on the basis of the mandate of that committee as indicated by CIHR. Templates for word processing will be provided.
- 2: the student has 5 weeks to prepare the written application, which must be scheduled at a time that is appropriate for absence from research thesis work, but in one of the four windows (see below)
  - students must register by submitting the material (5c) by one of the due dates preset for the academic year and adhere to the due dates (see below)
- 3: the student must present and defend their research application orally. The defense will be scheduled at approximately 1 week after the application is due.
- 4: the examining committee will consist of:
  - 1 external examiner (voting) (chosen by the Comprehensive exam Coordinator)
  - 1 Coordinator (or designate) of the relevant Med Sci Area (voting member)
  - 1 member of the supervisory committee (voting) who will also chair the examination
  - 1 supervisor (non voting)
- 5: The topic will be at the discretion of the student and the supervisory committee
  - a: one member of the supervisory committee (not the supervisor) will be designated to assist in the coordination of the comp exam (“COMP Chair) and to serve on the examining committee. The COMP chair will be responsible to ensuring an appropriate topic is documented and will determine the scheduling of the examination time in context of the student’s research program in consultation with the supervisor.
  - a: the topic can be in the student’s research area, but cannot be lifted in part or in whole from any of the supervisor’s grant or grant applications
  - b: students are encouraged to select topics that are a logical extension of their research work (or their transfer exam PhD proposal should they have transferred from the MSc to the PhD program in Medical Sciences) and/or topics they see themselves interested in currently or in the future,
  - c: the topic title, the CIHR Committee and the summary of its mandate, the students CV and brief summary (max 150 words) of their thesis research , and a list of the supervisor’s current and applied for research grants, and 3 suggested examiners must be assembled. The topic must be approved by the supervisory committee and the signed registration forms submitted by the student to 3N10 by the relevant due date. (Registration forms attached)

- 6: The examining committee will assess the written application and the oral defence as a pass, fail or pass with distinction. There must be unanimous vote among voting members for a pass or a pass with distinction.
- 7: Should the written portion of the comp be unacceptable to the committee, the student will be provided with only one opportunity to revise the written component. Should the oral defence be assessed as a failure, the student will be given only one opportunity to repeat the oral defence.
8. There will be preset dates for 4 windows of time to complete the procedure per academic year.  
For example:

<b>Sample Examination Timetable</b>				
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
1) Registration date	Jan. 28/08	Mar. 31/08	Apr. 28/08	Oct. 6/08
2) Submission of grant proposal	Mar. 3/08	May 5/08	June 2/08	Nov. 10/08
3) Oral Defence date (week of)	Mar. 10/08	May 12/08	June 9/08	Nov 17/08

\*Please note that these dates are tentative

## SAMPLE: MEDICAL SCIENCE COMPREHENSIVE REGISTRATION FORM

Please complete this form and submit to the Graduate Programs Office - HSC 3N10.

Student's Name	Student Number	PhD Program Start Date	Date
Student's Signature	Email	Program Area: (please circle)	
		MN	NBS
		P P	II
		BV	CG

**TOPIC TITLE** (PLEASE TYPE):

---



---

### APPROVAL OF TOPIC:

#### SUPERVISORY COMMITTEE

Please **TYPE** supervisory committee member's names.

<b>Supervisor Name</b>	Signature	Date
<b>Committee Member (Designate Comp Chair)</b>	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date

All members of the Supervisory Committee must approve the topic before an examination date can be set.

Examination Timetable	A	B	C	D
1) Registration date	Jan. 28/08	Mar. 31/08	Apr. 28/08	Oct. 6/08
2) Submission of grant proposal	Mar. 3/08	May 5/08	June 2/08	Nov. 10/08
3) Oral Defence date (week of)	Mar. 10/08	May 12/08	June 9/08	Nov 17/08
Please indicate selection of timetable (A,B,C, or D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The following is to be completed by the Designate Comp Chair (PLEASE TYPE):**

I suggest the following faculty to act as an \*External Examiner:

Nominee #1:

\_\_\_\_\_

Nominee #2:

\_\_\_\_\_

Nominee #3:

\_\_\_\_\_

**SAMPLE: MEDICAL SCIENCE COMPREHENSIVE REGISTRATION FORM**

List of **Supervisor's** current and pending grant application titles:

**Summary of Student Research Thesis** (maximum 150 words)

**Student CV:** (including list of published and submitted articles and abstracts)



**SCHOOL OF GRADUATE STUDIES**

**RECOMMENDATION FOR CHANGE IN GRADUATE CURRICULUM - FOR CHANGE(S) INVOLVING COURSES**

**PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM:**

1. This form must be completed for **ALL** course changes. All sections of this form **must** be completed.
2. An electronic version of this form must be emailed to the Assistant Secretary and SynApps System Administrator (Email: [espiritu@mcmaster.ca](mailto:espiritu@mcmaster.ca)).
3. A representative from the department is required to attend the Faculty Curriculum and Policy Committee meeting during which this recommendation for change in graduate curriculum will be discussed.

<b>DEPARTMENT/PROGRAM</b>		Medical Sciences		
<b>COURSE TITLE</b>		Physiology and Pathophysiology of the gastrointestinal tract		
<b>COURSE NUMBER</b>	713*	<b>COURSE CREDIT</b>		
		<b>FULL COURSE ( )</b>	<b>HALF COURSE (x)</b>	<b>QUARTER (MODULE) ( )</b>
<b>INSTRUCTOR(S)</b>		Jan Huizinga and Waliul Khan		
<b>PREREQUISITE(S)</b>		Permission of instructor		
<b>NATURE OF RECOMMENDATION (PLEASE CHECK APPROPRIATE BOX)</b>				
<b>NEW COURSE</b>	<input type="checkbox"/>	<b>DATE TO BE OFFERED:</b>	<b>WAS THE PROPOSED COURSE OFFERED ON DEAN'S APPROVAL?</b> IF YES, PROVIDE THE DATE:	
<b>WILL THE COURSE BE CROSS-LISTED WITH ANOTHER DEPARTMENT? IF YES, ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S). NOTE: CROSS-LISTING OF COURSES REQUIRES APPROVAL FROM EACH DEPARTMENT AND FACULTY CONCERNED.</b>				
<b>CHANGE IN COURSE TITLE</b>	<input type="checkbox"/>	<b>PROVIDE THE CURRENT COURSE TITLE:</b>		
<b>CHANGE IN COURSE DESCRIPTION</b>	<input type="checkbox"/>	<b>600-LEVEL COURSE (Undergraduate course for graduate credit)</b> <i>Please see #4 on page 2 of this form</i>		
<b>CHANGE TO FULL COURSE</b>	<input type="checkbox"/>	<b>CHANGE TO HALF COURSE</b>	<input type="checkbox"/>	<b>CHANGE TO QUARTER COURSE</b>
<b>COURSE CANCELLATION</b>	<input type="checkbox"/>	<b>PROVIDE THE REASON FOR COURSE CANCELLATION:</b>		
<b>OTHER</b>	<input checked="" type="checkbox"/>	<b>EXPLAIN:</b> Change in course co-coordinator: from Dr. Derek McKay to Dr. Waliul Khan		
<b>BRIEF DESCRIPTION FOR CALENDAR - Provide a brief description (maximum 6 lines) to be included in the Graduate Calendar.</b> This course will teach aspects of the physiology and pathophysiology of the gastrointestinal tract. It will be taught by faculty in the Intestinal Disease Research Unit. Areas covered will include: epithelial function, intestinal motility, gut immunology, neuromodulation of gut function. All will be put in context of intestinal disease reflecting the bench to bedside approach of the clinical and basic researcher in the Intestinal Disease Research Unit. The course will include lectures, lab demonstrations, student presentations and discussion.				
<b>CONTENT/RATIONALE - Provide a brief description, i.e., outline the topics or major sub-topics, and indicate the principal texts to be used.</b>				

<p><b>1. STATEMENT OF PURPOSE (How does the course fit into the department's program?)</b></p> <p>Focussed on graduate students in the intestinal disease research program, all other interested students welcome.</p>
<p><b>2. EXPECTED ENROLMENT:</b></p> <p>8 students every other year, minimum 4</p>
<p><b>3. DESCRIBE IN DETAIL THE METHOD OF PRESENTATION OF COURSE MATERIAL (i.e., lectures, seminars):</b></p> <p>This will be a combination of lectures, lab demonstrations, student presentations and discussion sections in a logical manner as outlined above.</p>
<p><b>4. DESCRIBE IN DETAIL THE METHOD OF EVALUATION: (For 600-level course, indicate the <u>Extra Work</u> to be required of graduate students, i.e., exams, essays, etc.)</b></p> <p>Class presentations: 25%, Class participation: 25%, Writing of two topic summaries 20%, Essay or research proposal 30%</p>
<p><b>5. TO PREVENT OVERLAP, IS A COURSE IN THE SAME OR A RELATED AREA OFFERED IN ANOTHER DEPARTMENT? IF YES, PLEASE ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S).</b></p> <p>N/A</p>
<p><b>6. IF THE COURSE IS INTENDED PRIMARILY FOR STUDENTS OUTSIDE YOUR DEPARTMENT, DO YOU HAVE THE SUPPORT OF THE DEPARTMENT/PROGRAM CONCERNED?</b></p> <p>N/A</p>
<p><b>PLEASE PROVIDE THE CONTACT INFORMATION FOR THE RECOMMENDED CHANGE:</b></p>   <p>Name: Jan Huizinga      Email: huizinga@mcmaster.ca      Extension: 22590      Date: October 2, 2007</p>

If you have any questions regarding this form, please contact the Assistant Secretary and SynApps System Administrator, School of Graduate Studies, extension 24204.

SGS/December 2006



**SCHOOL OF GRADUATE STUDIES**

**RECOMMENDATION FOR CHANGE IN GRADUATE CURRICULUM - FOR CHANGE(S) INVOLVING COURSES**

**PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM:**

1. This form must be completed for **ALL** course changes. All sections of this form **must** be completed.
2. An electronic version of this form must be emailed to the Assistant Secretary and SynApps System Administrator (Email: [espiritu@mcmaster.ca](mailto:espiritu@mcmaster.ca)).
3. A representative from the department is required to attend the Faculty Curriculum and Policy Committee meeting during which this recommendation for change in graduate curriculum will be discussed.

<b>DEPARTMENT/PROGRAM</b>		School of Rehabilitation Science		
<b>COURSE TITLE</b>		Musculoskeletal Health Assessment and Diagnostics for Advanced Practice Therapists		
<b>COURSE NUMBER</b>	RS 711	<b>COURSE CREDIT</b>		
		<b>FULL COURSE ( )</b>	<b>HALF COURSE (X)</b>	<b>QUARTER (MODULE) ( )</b>
<b>INSTRUCTOR(S)</b>		Linda Woodhouse, Ph.D., Deborah Kennedy MSc.		
<b>PREREQUISITE(S)</b>		Admission to the Course Based Master's Program at McMaster, or permission of instructor		

**NATURE OF RECOMMENDATION (PLEASE CHECK APPROPRIATE BOX)**

<b>NEW COURSE</b>	<input checked="" type="checkbox"/>	<b>DATE TO BE OFFERED:</b> January 2008	<b>WAS THE PROPOSED COURSE OFFERED ON DEAN'S APPROVAL?</b> IF YES, PROVIDE THE DATE:	
-------------------	-------------------------------------	--	---	--

**WILL THE COURSE BE CROSS-LISTED WITH ANOTHER DEPARTMENT? IF YES, ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S). NOTE: CROSS-LISTING OF COURSES REQUIRES APPROVAL FROM EACH DEPARTMENT AND FACULTY CONCERNED.**

<b>CHANGE IN COURSE TITLE</b>		<b>PROVIDE THE CURRENT COURSE TITLE:</b>
-------------------------------	--	--

<b>CHANGE IN COURSE DESCRIPTION</b>		<b>600-LEVEL COURSE (Undergraduate course for graduate credit)</b> <i>Please see #4 on page 2 of this form</i>
-------------------------------------	--	---

<b>CHANGE TO FULL COURSE</b>		<b>CHANGE TO HALF COURSE</b>		<b>CHANGE TO QUARTER COURSE</b>	
------------------------------	--	------------------------------	--	---------------------------------	--

<b>COURSE CANCELLATION</b>		<b>PROVIDE THE REASON FOR COURSE CANCELLATION:</b>
----------------------------	--	--

<b>OTHER</b>		<b>EXPLAIN:</b>
--------------	--	-----------------

**BRIEF DESCRIPTION FOR CALENDAR - Provide a brief description (maximum 6 lines) to be included in the Graduate Calendar.**  
 This course will introduce students to measurement properties of diagnostic evaluations using examples related to musculoskeletal disorders or diseases. In addition to an introduction to the basic concepts of radiology and laboratory testing, students will learn and practice performing a comprehensive musculoskeletal health assessment that includes biomechanical, physical and functional assessments of patients with musculoskeletal disorders or disease, particularly lower extremity osteoarthritis. Expert faculty from several disciplines will facilitate all sessions.

**CONTENT/RATIONALE - Provide a brief description, i.e., outline the topics or major sub-topics, and indicate the principal texts to be used.**  
 This course will cover the elements of a comprehensive musculoskeletal health assessment and introduces the basic concepts of radiology. Practitioners will gain the knowledge, confidence and skills required to perform a complete health assessment including biomechanical, physical and functional assessments of patients with musculoskeletal disorders or diseases, particularly osteoarthritis. Learners will gain an understanding of the interpretation of clinical and functional findings to determine the necessity for additional diagnostic evaluations (e.g. X-rays, EMGs, and diagnostic ultrasounds) and laboratory tests (blood and urine analyses). This course will prepare the practitioner in the use of medical directives such as ordering and interpreting x-rays and laboratory investigations for patients with musculoskeletal diseases. There is a focus on evidence-based clinical reasoning and the use and interpretation of objective measures to formulate a differential diagnosis, communicate clinical findings and/or the diagnosis, the prognosis and management (conservative and surgical) of patients with musculoskeletal conditions (primary focus on osteoarthritis of the lower extremities).  
 Principal Texts: Please see attached reference list.

<p><b>1. STATEMENT OF PURPOSE (How does the course fit into the department's program?)</b></p> <p>There is currently no course on the use and evaluation of diagnostic measures and advanced clinical assessment of patients with musculoskeletal disorders or disease. There are currently new emerging advanced practice roles for rehabilitation practitioners, particularly in the area of musculoskeletal practice. Such roles demand not only an advanced clinical skill set, but also expertise in education, program development, critical appraisal, analytical, research and leadership skills. This course has been developed to meet the educational needs of rehabilitation professionals training for such advanced practice roles. This course is offered through the School of Rehabilitation Science at McMaster University, to students enrolled in the Course Based Masters in Rehabilitation Science. This course is also available, as an elective course, to graduate students enrolled in the Thesis Masters or Doctoral programs in Rehabilitation Science at McMaster.</p>
<p><b>2. EXPECTED ENROLMENT:</b></p> <p>6-10 students per year</p>
<p><b>3. DESCRIBE IN DETAIL THE METHOD OF PRESENTATION OF COURSE MATERIAL (i.e., lectures, seminars):</b></p> <p>The course will be offered 1-2 sessions per week over a 13 week period and is modular in format (total of 6 modules). This course will include tutorials, lectures, self-study modules, online (Webcast), clinical skills laboratory and radiological anatomy sessions (e.g. Computer Oriented Radiological Anatomy). This format will fit the need of this course to address knowledge and critical appraisal skills as well as practical skills development with respect to managing patients with musculoskeletal disorders and diseases.</p>
<p><b>4. DESCRIBE IN DETAIL THE METHOD OF EVALUATION: (For 600-level course, indicate the <u>Extra Work</u> to be required of graduate students, i.e., exams, essays, etc.)</b></p> <p>Evaluation will be based on:  Written critique of a diagnostic tool used to evaluate musculoskeletal disease – 10%  Clinical performance examination – 20%  Written referral letter - 10%  Oral presentations and interpretation of clinical case studies- 50%  Development of a Medical Directive - 10%</p>
<p><b>5. TO PREVENT OVERLAP, IS A COURSE IN THE SAME OR A RELATED AREA OFFERED IN ANOTHER DEPARTMENT? IF YES, PLEASE ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S).</b></p> <p>No. There is no overlap with other courses.</p>
<p><b>6. IF THE COURSE IS INTENDED PRIMARILY FOR STUDENTS OUTSIDE YOUR DEPARTMENT, DO YOU HAVE THE SUPPORT OF THE DEPARTMENT/PROGRAM CONCERNED?</b></p> <p>N/A</p>
<p><b>PLEASE PROVIDE THE CONTACT INFORMATION FOR THE RECOMMENDED CHANGE:</b></p> <p>Name: Seanne Wilkins    Email: swilkins@mcmaster.ca    Extension: 27839    Date:</p>

If you have any questions regarding this form, please contact the Assistant Secretary and SynApps System Administrator, School of Graduate Studies, extension 24204.

SGS/December 2006

## **Rehabilitation Science Course 711**

### **Musculoskeletal Health Assessment and Diagnostics for Advanced Practice Therapists**

#### **Course Objectives:**

Upon completion of this course, students will:

- understand measurement principles (sensitivity, specificity) and demonstrate application of these principles to evaluate tests used to screen, diagnose and manage patients with musculoskeletal disorders,
- demonstrate the ability to use critical and analytical thinking, clinical judgement and evidence-based clinical reasoning to determine the need for and selection of the appropriate laboratory, radiological and clinical tests to formulate a differential diagnosis for patients with musculoskeletal disorders,
- demonstrate the ability to perform a comprehensive health assessment, including a complete medical history, biomechanical, physical and functional assessments for patients with musculoskeletal disorders,
- demonstrate the ability to communicate (both written and oral) clinical findings and/or the diagnosis, prognosis and treatment options for the existing musculoskeletal disorder directly with other health care practitioners and with the patients,
- understand the use of medical directives in interprofessional collaborative practice for rehabilitation clinicians who engage in 'extended scope of practice' in selected areas of musculoskeletal care.

#### **Course Structure:**

This course is designed to be delivered in 6 modules over a 13 week period. This course will include tutorials, lectures, self-study modules, online (Webcast), clinical skills laboratory and radiological anatomy sessions (e.g. CORA). This format will fit the need of this course to address knowledge and critical appraisal skills as well as practical skills development with respect to the diagnosis and triaging of patients with musculoskeletal disorders and diseases.

- Module I      Measurement Concepts (2 weeks)
- Concepts of reliability and validity as they apply to discriminative, predictive and evaluative measures
  - Use of tests for screening (to identify risk factors and detect disease), diagnosis (establish or exclude presence of disease, differential diagnosis) and patient management (evaluate severity of disease, prognosis, monitor change)
- Module II      Epidemiology and pathophysiology of osteoarthritis (OA) (1week)
- Incidence, prevalence of osteoarthritis
  - Clinical manifestations of osteoarthritis

- Module III    Advanced Musculoskeletal Evaluation (3 weeks)
- Musculoskeletal screening examination
  - Advanced orthopaedic examination of the lower extremity
  - Evaluation of function in patients with lower extremity osteoarthritis
  - Differential diagnosis
  - Evidence-based clinical reasoning to triage patients to appropriate providers for management of musculoskeletal conditions
- Module IV    Laboratory Testing (2 weeks)
- Blood - complete blood count, comprehensive blood biochemistry, serology and additional inflammatory markers (e.g. C-reactive protein, erythrocyte sedimentation rate),
  - Urinalysis
  - Tissue sampling
  - indications and contraindications for laboratory investigations
  - how to interpret the laboratory results to rule out major systemic illnesses (e.g. diabetes, active renal or liver disease) – the basics
- Module V    Screening for Systemic Diseases (2 weeks)
- Health systems reviews – including cardiovascular, respiratory, endocrine, metabolic (e.g. obesity, diabetes, prostate problems, sleep apnea), neurologic and immunologic screening
- Module VI    Diagnostic Imaging (3 weeks)
- General principles of musculoskeletal imaging
  - Understanding and interpreting the images
    - the main focus is on ordering, viewing and the ABCs of interpreting radiographs (plain x-rays) of patients with hip or knee osteoarthritis
    - introduction to other common musculoskeletal imaging techniques (including contrast enhanced radiographs, computerized tomographs, nuclear imaging, magnetic resonance imaging and ultasonography)

**Course Evaluation:**

- Written critique of a diagnostic tool used to evaluate musculoskeletal disease – 10%
- Clinical performance examination – evaluation of ability to perform a thorough musculoskeletal clinical examination of a patient with osteoarthritis - 20%
- Written referral letter – 10%
- Oral presentation and interpretation of clinical cases within each module (total 50%)

- Laboratory findings - 10%
  - Clinical Examination - 10%
  - Systemic Review – 10%
  - Diagnostic Imaging – 10%
  - Case summary - 10%
- Development of a medical directive – 10%

### Course Texts:

- Boissonault WG. (2005) *Primary Care for the Physical Therapist: Examination and Triage* (2005). Saunders Elsevier, St. Louis, Missouri, USA.
- Goodman CC & Snyder TEK. (2007) *Differential Diagnosis for Physical Therapists: Screening for Referral. (4<sup>th</sup> Edition)*. Saunders Elsevier, St. Louis, Missouri, USA.
- McKinnis LN. (2005) *Fundamentals of Musculoskeletal Imaging. (2<sup>nd</sup> Edition)*. FA Davis Company, Philadelphia, USA.

Additional readings include published journal articles. Position statements/proposed regulatory framework (i.e. for medical directives) will also be assigned.

### Example of Additional Readings:

1. **Canadian Physiotherapy Association.** Clinical Specialty Program Guidelines. May 2004 found at: <http://www.physiotherapy.ca>.
4. **Byles SE and Ling RSM.** Orthopaedic outpatients - A fresh approach. *Physiotherapy* 75: 435-437, 1989.
5. **The Chartered Society of Physiotherapy.** Chartered physiotherapists working as extended scope practitioners (ESP): Guidance for members, 2003, p. 1-17.
6. **Snow BL, Shamus E, and Hill C.** Physical therapy as primary health care: public perceptions. *J Allied Health* 30: 35-38, 2001.
7. **Childs JD, Whitman JM, Sizer PS, Pugia ML, Flynn TW, and Delitto A.** A description of physical therapists' knowledge in managing musculoskeletal conditions. *BMC Musculoskelet Disord* 6: 32, 2005.
8. **Moore JH, Goss DL, Baxter RE, DeBerardino TM, Mansfield LT, Fellows DW, and Taylor DC.** Clinical diagnostic accuracy and magnetic resonance imaging of patients referred by physical therapists, orthopaedic surgeons, and nonorthopaedic providers. *J Orthop Sports Phys Ther* 35: 67-71, 2005.
9. **Hattam P and Smeatham A.** Evaluation of an orthopaedic screening service in primary care. *Clin Perform Qual Health Care* 7: 121-124, 1999.
10. **Mitchell JM and de Lissoy G.** A comparison of resource use and cost in direct access versus physician referral episodes of physical therapy. *Phys Ther* 77: 10-18, 1997.

11. **Overman SS, Larson JW, Dickstein DA, and Rockey PH.** Physical therapy care for low back pain. Monitored program of first-contact nonphysician care. *Phys Ther* 68: 199-207, 1988.
12. **Weale AE and Bannister GC.** Who should see orthopaedic outpatients--physiotherapists or surgeons? *Ann R Coll Surg Engl* 77: 71-73, 1995.
13. **Hourigan PG and Weatherley CR.** Initial assessment and follow-up by a physiotherapist of patients with back pain referred to a spinal clinic. *J R Soc Med* 87: 213-214, 1994.
14. **Hockin J and Bannister G.** The extended role of a physiotherapist in an outpatient clinic. *Ann R Coll Surg Engl* 77 (2 Suppl): 71-73, 1995.
15. **Daker-White G, Carr AJ, Harvey I, Woolhead G, Bannister G, Nelson I, and Kammerling M.** A randomised controlled trial. Shifting boundaries of doctors and physiotherapists in orthopaedic outpatient departments. *J Epidemiol Community Health* 53: 643-650, 1999.
16. **NHS Modernisation Agency.** Improving orthopaedic services. A guide to clinicians, managers and service commissioners. 2002 found at: <http://www.modern.nhs.uk/serviceimprovement/1339/1990/7700/Orthopaedics%20GidevFinal.pdf>.
17. **The Alberta Bone and Joint Institute.** Interim Results Report. December, 2005 found at: [http://www.albertaboneandjoint.com/PDFs/Int\\_Rep\\_Dec\\_19\\_05.pdf](http://www.albertaboneandjoint.com/PDFs/Int_Rep_Dec_19_05.pdf).
18. **Campos A, Graveline C, Ferguson JM, Ludson K, Schneider R, and Laxer R.** The Physical Therapy Practitioner: An Expanded Role for Physical Therapy in Pediatric Rheumatology. *Physiother Can* 53(4): 282-287, 2001.
19. **Campos A, Graveline C, Ferguson JM, Ludson K, Schneider R, and Laxer R.** Development of an Expanded Role for Physical Therapy in Paediatric Rheumatology: A 1-Year Pilot Project. Part II. *Physiother Can* 54(1): 32-36, 2002.
20. **Campos A, Graveline C, Ferguson JM, and et al.** The physical therapy practitioner (PTP) in pediatric rheumatology: High level of patient and parent satisfaction with services. *Physiother Can* Winter (2002): 32-36, 2002.
21. **Shipton D, Badley EM, and Mahomed NN.** Critical shortage of orthopaedic services in Ontario, Canada. *J Bone Joint Surg Am* 85-A: 1710-1715, 2003.
22. **Institute for Clinical Evaluative Sciences.** Urgency rating, waiting list management and patient outcomes monitoring for primary hip/knee joint replacement (Technical report). Toronto: Institute for Clinical Evaluative Science, 2000.
23. **Woolf AD and Pfleger B.** Burden of major musculoskeletal conditions. *Bull World Health Organ* 81: 646-656, 2003.
24. **Badley EM and Wang PP.** Arthritis and the aging population: projections of arthritis prevalence in Canada 1991 to 2031. *J Rheumatol* 25: 138-144, 1998.



**SCHOOL OF GRADUATE STUDIES**

**RECOMMENDATION FOR CHANGE IN GRADUATE CURRICULUM - FOR CHANGE(S) INVOLVING COURSES**

**PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM:**

1. This form must be completed for **ALL** course changes. All sections of this form **must** be completed.
2. An electronic version of this form must be emailed to the Assistant Secretary and SynApps System Administrator (Email: *espiritu@mcmaster.ca*).
3. A representative from the department is required to attend the Faculty Curriculum and Policy Committee meeting during which this recommendation for change in graduate curriculum will be discussed.

<b>DEPARTMENT/PROGRAM</b>		School of Rehabilitation Science		
<b>COURSE TITLE</b>		THERAPEUTICS FOR ADVANCED PRACTICE MUSCULOSKELTAL CARE		
<b>COURSE NUMBER</b>	RS 712	<b>COURSE CREDIT</b>		
		<b>FULL COURSE ( )</b>	<b>HALF COURSE (X)</b>	<b>QUARTER (MODULE) ( )</b>
<b>INSTRUCTOR(S)</b>		Linda Woodhouse, Ph.D., Deborah Kennedy MSc.		
<b>PREREQUISITE(S)</b>		Completion of RS 711 or permission of instructor		

**NATURE OF RECOMMENDATION (PLEASE CHECK APPROPRIATE BOX)**

<b>NEW COURSE</b>	<input checked="" type="checkbox"/>	<b>DATE TO BE OFFERED:</b> May 2008	<b>WAS THE PROPOSED COURSE OFFERED ON DEAN'S APPROVAL?</b> IF YES, PROVIDE THE DATE:
-------------------	-------------------------------------	--	---

**WILL THE COURSE BE CROSS-LISTED WITH ANOTHER DEPARTMENT? IF YES, ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S). NOTE: CROSS-LISTING OF COURSES REQUIRES APPROVAL FROM EACH DEPARTMENT AND FACULTY CONCERNED.**

<b>CHANGE IN COURSE TITLE</b>		<b>PROVIDE THE CURRENT COURSE TITLE:</b>
-------------------------------	--	--

<b>CHANGE IN COURSE DESCRIPTION</b>		<b>600-LEVEL COURSE (Undergraduate course for graduate credit)</b> <i>Please see #4 on page 2 of this form</i>
-------------------------------------	--	---

<b>CHANGE TO FULL COURSE</b>		<b>CHANGE TO HALF COURSE</b>		<b>CHANGE TO QUARTER COURSE</b>	
------------------------------	--	------------------------------	--	---------------------------------	--

<b>COURSE CANCELLATION</b>		<b>PROVIDE THE REASON FOR COURSE CANCELLATION:</b>
----------------------------	--	--

<b>OTHER</b>		<b>EXPLAIN:</b>
--------------	--	-----------------

**BRIEF DESCRIPTION FOR CALENDAR - Provide a brief description (maximum 6 lines) to be included in the Graduate Calendar.**

This course will focus on the management of clients with musculoskeletal disorders. Students will gain an understanding of the basic principles of pharmacology, surgical approaches, advanced counseling and the ability to critically appraise and integrate clinical practice guidelines for the conservative management of clients with musculoskeletal disease, particularly osteoarthritis of the lower extremity. Expert faculty from several disciplines will facilitate all sessions.

**CONTENT/RATIONALE - Provide a brief description, i.e., outline the topics or major sub-topics, and indicate the principal texts to be used.**

This course will introduce the concepts integral to an in-depth understanding of the therapeutic approaches to the management (both conservative and surgical) of patients with musculoskeletal disorders or disease. An understanding of pharmacology, surgical approaches, advanced counseling and complementary therapies predominantly related to common degenerative musculoskeletal diseases (e.g. osteoarthritis) will be covered. Learning will focus on:

- managing clients with chronic debilitating musculoskeletal disorders, diseases and functional deficits,
- further developing the ability to critically appraise and integrate current, relevant literature, clinical practice guidelines and research findings into clinical practice,
- applying pharmacological knowledge including: pharmacokinetics and pharmacodynamics when advising clients regarding prescriptions and over the counter medications, the application of topical and injectable formulations to manage osteoarthritis, and
- evaluating the effectiveness of interventions using objective outcome measures.

Principal Text: Gladson B. (2006). Pharmacology for Physical Therapists Saunders Elsevier, St. Louis, Missouri, USA.

**1. STATEMENT OF PURPOSE (How does the course fit into the department's program?)**

There is currently no course on advanced clinical management of patients with musculoskeletal disorders or disease. There are currently new emerging advanced practice roles for rehabilitation practitioners, particularly in the area of musculoskeletal practice. Such roles demand not only an advanced clinical skill set, but also education, program development, critical appraisal, analytical, research and leadership skills. This course is offered through the School of Rehabilitation Science at McMaster University, to students enrolled in the Course Based Masters in Rehabilitation Science. This course is also available, as an elective course, to graduate students enrolled in the Thesis Masters or Doctoral programs in Rehabilitation Science at McMaster.

**2. EXPECTED ENROLMENT:**

6-10 students per year

**3. DESCRIBE IN DETAIL THE METHOD OF PRESENTATION OF COURSE MATERIAL (i.e., lectures, seminars):**

The course will be offered 1-2 days per week over a 13 week period and is modular in format (total of 5 modules). This course will include tutorials, lectures, self-study modules, and online (Webcast) sessions.

**4. DESCRIBE IN DETAIL THE METHOD OF EVALUATION: (For 600-level course, indicate the Extra Work to be required of graduate students, i.e., exams, essays, etc.)**

Course evaluation will include the completion of the following 5 assignments:

Assignment 1 - 10% - analysis of pharmacological data provided in a clinical vignette

Assignment 2 - 10% - analysis of outcome measures used to evaluate treatment for patients with osteoarthritis

Assignment 3 - 30% - development of a treatment plan

Assignment 4 - 20% - critical appraisal (10%) and presentation (10%) of a complementary and alternative approach to managing osteoarthritis

Assignment 5 - 30% - development of a research proposal on a select topic

**5. TO PREVENT OVERLAP, IS A COURSE IN THE SAME OR A RELATED AREA OFFERED IN ANOTHER DEPARTMENT? IF YES, PLEASE ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S).**

No. There is no overlap with other courses.

**6. IF THE COURSE IS INTENDED PRIMARILY FOR STUDENTS OUTSIDE YOUR DEPARTMENT, DO YOU HAVE THE SUPPORT OF THE DEPARTMENT/PROGRAM CONCERNED?**

N/A

**PLEASE PROVIDE THE CONTACT INFORMATION FOR THE RECOMMENDED CHANGE:**

Name: Seanne Wilkins    Email: swilkins@mcmaster.ca    Extension: 27839    Date:

If you have any questions regarding this form, please contact the Assistant Secretary and SynApps System Administrator, School of Graduate Studies, extension 24204.

SGS/December 2006

## Rehabilitation Science Course 712

### Therapeutics for Advanced Practice Musculoskeletal Care

#### **Course Objectives:**

Upon completion of this course, students will:

- understand measurement principles related to the evaluation of outcome measures and clinical practice guidelines used to monitor progress and manage patients with musculoskeletal disorders,
- demonstrate the ability to use critical and analytical thinking, clinical judgment and evidence-based clinical reasoning to develop a treatment program for patients with musculoskeletal disorders,
- have a basic understanding of the principles of pharmacodynamics and pharmacokinetics in patients with osteoarthritis, including interactions with medications commonly used to manage systemic diseases and the relationship between these drug therapies and exercise,
- have a basic understanding of the principles of anaesthetic agents (general, regional and local) used to manage patients with osteoarthritis, including those undergoing total joint arthroplasty,
- know the indications, contraindications, expected efficacy and effectiveness of pharmacological and non-pharmacological interventions to manage pain in patients with musculoskeletal disorders – particularly osteoarthritis,
- have a basic understanding of the principles guiding, and indications for the various types of surgical approaches used for patients undergoing total hip or knee replacement surgery,
- have a basic understanding of the guiding principles and indications for follow up care of patients who have had total joint replacement surgery,
- be able to describe and develop an evaluation framework for the roles of ‘extended scope practitioners’ who work in interprofessional practice settings, including, collaboration, triage/screening, communication, consultation and referral, information management, and indications for referral for interventions from other health care practitioners.

#### **Course Structure:**

This course is designed to be delivered in 5 modules over a 13 week period. This course will include tutorials, lectures, self-study modules, online (Webcast), and clinical skills laboratory sessions. This format will fit the need of this course to address knowledge and critical appraisal skills as well as practical skills development with respect to managing (surgical and non-surgical) patients with musculoskeletal disorders and diseases.

Module I      Measurement and evaluation (3 weeks)

- Measurement principles regarding the tools (distinguish between subjective and objective phenomena, and subjective and objective measurements) used to determine/evaluate outcomes (surgical and nonsurgical) – including measurement properties (reliability, validity, minimally clinically important difference)
- Evaluating and implementing clinical- & best- practice guidelines

Module II Conservative Management of Osteoarthritis (5 week)

- Pharmacologic interventions (3 weeks)
  - Pharmacodynamics, pharmacokinetics and interactions of drug therapies (oral, topical and injectable formulations)
- Non-pharmacologic interventions (2 weeks)
  - Physical activity & exercise
    - evaluating readiness for change Prochaska’s Transtheoretical Model of Behavior Change
    - guidelines for patients with osteoarthritis
  - Advanced counseling & education – adult learning principles
  - Complementary and alternative therapies – efficacy & effectiveness

Module III Surgical Approaches for Total Hip & Knee Joint Arthroplasty (2 weeks)

- Indications for the use of uni-compartmental, unilateral, bilateral, revision and resurfacing, cemented vs uncemented surgical approaches

Module IV Post Operative Management (2 weeks)

- Clinical examination
- Functional examination
- Radiographic findings – evaluating the status of the prosthesis
- Laboratory investigations

Module V The Role of Advanced Practice Clinicians (1 week)

- Role as a change agent & knowledge broker
- Framework for evaluation of the role of advanced practice clinicians - (structure, process, outcomes)

**Course Evaluation:**

Assignments 1&2 (20%) (2 assignments worth 10% each) - Students will complete written assignments (1-2 pages each) on the analysis of pharmacological data (pharmacokinetic and pharmacodynamic) and outcome measure evaluation provided in clinical vignettes/case studies.

Assignment 3 (30%) – Treatment Plan - Students will develop a written treatment plan that describes and provides a clinical/physiological rationale for the proposed plan, and

outlines a plan to evaluate the proposed therapeutic program developed to manage a patient with musculoskeletal disease (clinical case will be provided on conservative or surgical ) – (5-6 pages)

Assignment 4 (20%) - Students will select one complementary and alternative approach to manage patients with osteoarthritis and write a 2-3 page critical appraisal of the alternative approach (10%). A summary of this appraisal will then be presented in a 15-20 minute oral presentation to colleagues (10%).

Assignment 5 (30%) -Students will develop a research proposal (8-10 pages) on ONE of the following topics:

- Developing a program to improve access and reduce wait times for patients requiring total hip or knee joint arthroplasty in Ontario,
- Developing a program to streamline and standardize follow up care for patients who have undergone total hip or knee joint arthroplasty in Ontario,
- Evaluating the role of advanced practice clinicians in triage clinics to manage the wait list for patients who may require total joint arthroplasty surgery (structure, process or outcome),
- Evaluating a knowledge exchange and translation (KET) strategy to educate one of the following groups: the public, allied health care or general practitioners, or policy makers regarding the role of the advanced practice clinicians to manage the wait list for patients who may require total joint arthroplasty surgery, or
- A related topic of your choice (with permission of the course coordinator).

### Course Texts:

Gladson B. (2006). *Pharmacology for Physical Therapists* Saunders Elsevier, St. Louis, Missouri, USA.

Additional readings (i.e. published journal articles) will also be assigned.

### Example of Additional Readings:

1. **Bauman S, Williams D, Petrucci D, Elliott W, and de Beer J.** Physical activity after total joint replacement: a cross-sectional survey. *Clin J Sport Med* 17: 104-108, 2007.
2. **Bryant-Lukosius D and Dicenso A.** A framework for the introduction and evaluation of advanced practice nursing roles. *J Adv Nurs* 48: 530-540, 2004.
3. **Bryant-Lukosius D, Dicenso A, Browne G, and Pinelli J.** Advanced practice nursing roles: development, implementation and evaluation. *J Adv Nurs* 48: 519-529, 2004.
4. **Brand C.** Translating evidence into practice for people with osteoarthritis of the hip and knee. *Clin Rheumatol* 26: 1411-1420, 2007.
5. **Denoeud L, Mazieres B, Payen-Champenois C, and Ravaud P.** First line treatment of knee osteoarthritis in outpatients in France: adherence to the EULAR

- 2000 recommendations and factors influencing adherence. *Ann Rheum Dis* 64: 70-74, 2005.
6. **Eingartner C.** Current trends in total hip arthroplasty. *Ortop Traumatol Rehabil* 9: 8-14, 2007.
  7. **Jolles BM and Bogoch ER.** Posterior versus lateral surgical approach for total hip arthroplasty in adults with osteoarthritis. *Cochrane Database Syst Rev* 3: CD003828, 2006.
  8. **Jones DL, Cauley JA, Kriska AM, Wisniewski SR, Irrgang JJ, Heck DA, Kwok CK, and Crossett LS.** Physical activity and risk of revision total knee arthroplasty in individuals with knee osteoarthritis: a matched case-control study. *J Rheumatol* 31: 1384-1390, 2004.
  9. **Jordan KM, Arden NK, Doherty M, Bannwarth B, Bijlsma JW, Dieppe P, Gunther K, Hauselmann H, Herrero-Beaumont G, Kaklamanis P, Lohmander S, Leeb B, Lequesne M, Mazieres B, Martin-Mola E, Pavelka K, Pendleton A, Punzi L, Serni U, Swoboda B, Verbruggen G, Zimmerman-Gorska I, and Dougados M.** EULAR Recommendations 2003: an evidence based approach to the management of knee osteoarthritis: Report of a Task Force of the Standing Committee for International Clinical Studies Including Therapeutic Trials (ESCISIT). *Ann Rheum Dis* 62: 1145-1155, 2003.
  10. **Katz JN.** Total joint replacement in osteoarthritis. *Best Pract Res Clin Rheumatol* 20: 145-153, 2006.
  11. **Stratford PW, Kennedy DM, and Woodhouse LJ.** Performance measures provide assessments of pain and function in people with advanced osteoarthritis of the hip or knee. *Phys Ther* 86: 1489-1496; discussion 1496-1500, 2006.
  12. **Stratford PW and Kennedy DM.** Performance measures were necessary to obtain a complete picture of osteoarthritic patients. *J Clin Epidemiol* 59: 160-167, 2006.
  13. **The Swedish Council on Technology Assessment in Health Care.** Methods of Promoting Physical Activity: A Systematic Review. Accessed at: [http://www.sbu.se/Filer/Content1/publikationer/1/Fysisk\\_sam\\_ENG.pdf](http://www.sbu.se/Filer/Content1/publikationer/1/Fysisk_sam_ENG.pdf)
  14. **Vignon E, Valat JP, Rossignol M, Avouac B, Rozenberg S, Thoumie P, Avouac J, Nordin M, and Hilliquin P.** Osteoarthritis of the knee and hip and activity: a systematic international review and synthesis (OASIS). *Joint Bone Spine* 73: 442-455, 2006.
  15. **Zwarenstein M and Reeves S.** Knowledge translation and interprofessional collaboration: Where the rubber of evidence-based care hits the road of teamwork. *J Contin Educ Health Prof* 26: 46-54, 2006.
  16. **Walsh M, Woodhouse LJ, Thomas SG, and Finch E.** Physical impairments and functional limitations: a comparison of individuals 1 year after total knee arthroplasty with control subjects. *Phys Ther* 78: 248-258, 1998.



**SCHOOL OF GRADUATE STUDIES**

**RECOMMENDATION FOR CHANGE IN GRADUATE CURRICULUM - FOR CHANGE(S) INVOLVING COURSES**

**PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM:**

1. This form must be completed for **ALL** course changes. All sections of this form **must** be completed.
2. An electronic version of this form must be emailed to the Assistant Secretary and SynApps System Administrator (Email: [espiritu@mcmaster.ca](mailto:espiritu@mcmaster.ca)).
3. A representative from the department is required to attend the Faculty Curriculum and Policy Committee meeting during which this recommendation for change in graduate curriculum will be discussed.

<b>DEPARTMENT/PROGRAM</b>		School of Rehabilitation Science		
<b>COURSE TITLE</b>		Leadership in Rehabilitation		
<b>COURSE NUMBER</b>	RS 770	<b>COURSE CREDIT</b>		
		<b>FULL COURSE ( )</b>	<b>HALF COURSE (X)</b>	<b>QUARTER (MODULE) ( )</b>
<b>INSTRUCTOR(S)</b>		Joyce Tryssenaar, Ph.D.		
<b>PREREQUISITE(S)</b>		Admission to the Course Based Master's Program at McMaster, or permission of instructor		

**NATURE OF RECOMMENDATION (PLEASE CHECK APPROPRIATE BOX)**

<b>NEW COURSE</b>	<input checked="" type="checkbox"/>	<b>DATE TO BE OFFERED:</b> April 2008	<b>WAS THE PROPOSED COURSE OFFERED ON DEAN'S APPROVAL?</b> IF YES, PROVIDE THE DATE:
-------------------	-------------------------------------	--	---

WILL THE COURSE BE **CROSS-LISTED** WITH ANOTHER DEPARTMENT? **NO** IF YES, ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S). **NOTE: CROSS-LISTING OF COURSES REQUIRES APPROVAL FROM EACH DEPARTMENT AND FACULTY CONCERNED.**

<b>CHANGE IN COURSE TITLE</b>		<b>PROVIDE THE CURRENT COURSE TITLE:</b>		
<b>CHANGE IN COURSE DESCRIPTION</b>		<b>600-LEVEL COURSE (Undergraduate course for graduate credit)</b> <i>Please see #4 on page 2 of this form</i>		
<b>CHANGE TO FULL COURSE</b>		<b>CHANGE TO HALF COURSE</b>		<b>CHANGE TO QUARTER COURSE</b>
<b>COURSE CANCELLATION</b>		<b>PROVIDE THE REASON FOR COURSE CANCELLATION:</b>		
<b>OTHER</b>		<b>EXPLAIN:</b>		

**BRIEF DESCRIPTION FOR CALENDAR - Provide a brief description (maximum 6 lines) to be included in the Graduate Calendar.**

This course explores principles, practices, trends and issues of leadership in rehabilitation settings. Current theories of leadership with attention to styles, practices, tasks and models will be covered. Participants will be encouraged to reflect on and analyze their own leadership experiences in light of theories studied. Through the interplay of theory and practical application, participants will gain a deeper appreciation for the requirements, responsibilities, and consequences of effective leadership. The course encourages professional and personal development through action learning that is relevant and transferable to organizations.

**CONTENT/RATIONALE - Provide a brief description, i.e., outline the topics or major sub-topics, and indicate the principal texts to be used.**

This course is designed for occupational therapists, physiotherapists and practitioners in other rehabilitation disciplines who want to acquire the knowledge and skills to develop as leaders in their current and future practice. The course emphasizes the development of knowledge regarding theories of leadership and the application of learning at the level of self, profession, and organizations. The tasks and strategies related to effective leadership are also explored. The course will include 4 thematic modules:

- Module 1 (Week 1-3) Foundations of leadership: What is leadership? Major theories, Leadership styles
- Module 2 (Week 4-6) Leadership in rehabilitation; principles, practices, trends and issues of leadership in rehabilitation settings.
- Module 3 (Week 7-9) Leadership skills and strategies
- Module 4 (Week 10-11) Leadership within systems , Module 5 (Wk 12-13)Integration/application,

Upon completion of the course, learners will be able to;

1. Understand their own leadership style
2. Apply theoretical concepts to leadership issues related to self, profession, and organizations.
3. Synthesize conceptual differences and use problem-solving teams to further understand the dynamics of leadership
4. Create a leadership plan relevant to their current practice

Course materials will consist of journal articles, custom courseware and internet resources.

<p><b>1. STATEMENT OF PURPOSE (How does the course fit into the department's program?)</b></p> <p>There is currently no course on leadership in rehabilitation. This course is offered through the School of Rehabilitation Science at McMaster University, to students enrolled in the Course Based Masters in Rehabilitation Science. This course is also available, as an elective course, to graduate students enrolled in the Masters or Doctoral programs in Rehabilitation Science at McMaster.</p>
<p><b>2. EXPECTED ENROLMENT:</b></p> <p>6-10 students per year (Course Based Masters in Rehabilitation Science)</p>
<p><b>3. DESCRIBE IN DETAIL THE METHOD OF PRESENTATION OF COURSE MATERIAL (i.e., lectures, seminars):</b></p> <p>This course is composed of 13 sessions which are spread out over a 13-week term. Each of the first 11 sessions includes objectives, reading assignments, and study questions and learning activities. The final two sessions will be devoted to student projects when the students will read and respond to each other's projects. In place of traditional lectures and class discussions, we will use posted messages as a means of group communication. Sessions will be active for 7 days. Each week, students will be required to respond to the discussion questions. All students are required to participate in each discussion.</p>
<p><b>4. DESCRIBE IN DETAIL THE METHOD OF EVALUATION: (For 600-level course, indicate the <u>Extra Work</u> to be required of graduate students, i.e., exams, essays, etc.)</b></p> <p>Evaluation will be based on:</p> <p>Participation in weekly sessions - 20%</p> <p>Assignment 1 - [Self] Self-Assessment of Leadership Paper - 10%</p> <p>Assignment 2 - [Other] Interview a leader in the field of rehabilitation. Analyse the interview using current leadership theory -20%</p> <p>Assignment 3 - [Organization] Develop a detailed, theoretically based leadership plan/approach to a current situation in an organization, profession, or health care setting. -40%</p> <p>Assignment 4 - Facilitate discussion on your leadership plan. - 10%</p>
<p><b>5. TO PREVENT OVERLAP, IS A COURSE IN THE SAME OR A RELATED AREA OFFERED IN ANOTHER DEPARTMENT? IF YES, PLEASE ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S).</b></p> <p>No. There is no overlap with other courses.</p>
<p><b>6. IF THE COURSE IS INTENDED PRIMARILY FOR STUDENTS OUTSIDE YOUR DEPARTMENT, DO YOU HAVE THE SUPPORT OF THE DEPARTMENT/PROGRAM CONCERNED?</b></p> <p>N/A</p>
<p><b>PLEASE PROVIDE THE CONTACT INFORMATION FOR THE RECOMMENDED CHANGE:</b></p> <p>Name: Seanne Wilkins    Email: swilkins@mcmaster.ca    Extension: 27839    Date:</p>

If you have any questions regarding this form, please contact the Assistant Secretary and SynApps System Administrator, School of Graduate Studies, extension 24204.

SGS/December 2006

Course Outline:

Leadership in Rehabilitation – RS 770

Course Co-ordinator:

Joyce Tryssenaar Ph.D.

Prerequisite(s):

- Admission to the M.Sc. (RS) course based program or permission of the instructor

Brief Description of the Course:

This course is designed for occupational therapists, physiotherapists and practitioners in other rehabilitation disciplines who want to acquire the knowledge and skills to develop as leaders in their current and future practice. The course emphasizes the development of knowledge regarding theories of leadership and the application of learning at the level of self, profession, and organizations. The skills of effective leadership are also explored. Specific topics include major theories of leadership, leadership styles, skills, principles, practices, trends and issues of leadership in rehabilitation settings, leadership within organizations, the culture of leadership, and application to current practice.

Course Objectives:

Upon completion of the course, learners will be able to:

1. Understand their own leadership style
2. Apply theoretical concepts to leadership issues related to self, profession, and organizations.
3. Synthesize conceptual differences and use problem-solving teams to further understand the dynamics of leadership
4. Create a leadership plan relevant to their current practice

Course Materials:

Course materials will consist of journal articles, custom courseware and internet resources.

## Course Content

Course content is divided into five (5) learning modules. The main topics of each module are as follows:

### Module 1: Foundations of Leadership [Weeks 1-3]

Main topics:

- What is leadership?
  - Major theories
  - Leadership styles
  - Management versus leadership
- Exploration of self as leader

### Module 2: Leadership in Rehabilitation [Weeks 4-6]

Main topics:

- Principles, practices, trends and issues of leadership in rehabilitation settings.
- Who are the leaders?
- The nature of leadership in the rehabilitation professions
- Formal and informal leadership

### Module 3: Leadership Skills and Strategies [Weeks 7-9]

Main topics:

- Leading teams/Team building
  - Motivation/ Inspiration
  - Conflict
  - Change
  - Followership

### Module 4: Leadership Within Systems [Weeks 10-11]

Main topics:

- Leadership in Organizations
- Developing a Culture of Leadership

Module 5 [week 12-13] will consist of learner led discussion on the final assignment.

### Modes of Study:

This course is designed for internet delivery using WebCT as the principal mode of instruction. Learners are expected to be adult learners who will independently read (course content posted on the course website), analyze information, and share their new knowledge and understanding with their classmates so that they learn from each other as well as from the instructor. As in face-to-face courses, learners will use course content (placed on the course Website), readings and texts as resources for learning. Instead of face-to-face small group discussions, learners will interact online with other learners and the course instructor. Usually discussions will occur asynchronously (not in real time) as this enables learners from different time zones to participate more easily and to organize their learning activities around work, family and personal demands. Still, live chat rooms will be used when needed by learners. The instructor and learners will also maintain regular contact by email.

### Requirements:

Learners require access to a computer that meets the course technical requirements and can access the internet on a regular basis with a minimum speed of 33.3 kps. The learner's computer system must be able to run Netscape Navigator (Version 4.72 or higher) on a multimedia PC or Mac that includes a colour monitor. This usually requires at least a Pentium PC or a Power PC Macintosh. Minimum computer memory required is 32 MB RAM (although 64 MB RAM is preferred). Learners should also be comfortable using a keyboard and have an active e-mail account, and Netscape 4.72 or higher). The course will be delivered using WebCT course software. An online tutorial is available to familiarize the learner with this mode of online learning.

Methods of Evaluation:

Assessment Activity	The learner.....	Value	Due Date
Participation in online discussions	Shares ideas and experiences on all topics and relate to course material and current practice.	20%	Modules 1-4: wks 1-11
Self-assessment of Leadership Paper	Completes a self-analysis of his/her own leadership style and behaviours specific to a 'leadership challenge'.	10%	Module 1: wk 3
Leaders in Rehabilitation Paper	Interviews a leader in the field of rehabilitation and analyses the interview using a current theory of leadership..	20 %	Module 2:wk 6
Leadership proposal	Develops a detailed, theoretically based leadership plan/approach to a current situation in his/her organization, profession, or health care setting.	40%	Module 4 – wk 10
Presentation and defense of proposal	Facilitates discussion on his/her leadership plan.	10%	Module 5 – wks 12-13

Online Discussions (10%):

The discussions are intended to enable learners to further their knowledge and explore the nature of leadership in rehabilitation. Learners are expected to follow the schedule of assignments and participate in scheduled online learning activities (discussions), reading the discussions and making substantive contribution to them. Logging on to the website, visiting the discussions or chat rooms is not considered participation. To be considered present in an online course, learners must post and respond to messages and engage actively in discussion with their peers. Learners are expected to respond in a manner that further contributes to (i.e. that adds to rather than duplicates) previous content. Contributions need to be supported using experience, references, or logic. The instructors monitor the discussions to assess the quality, frequency and timeliness of the contributions.

### Assignments:

The three written course assignments (profiled in the above table) require learners to apply the concepts learned and develop skills required to become leaders in rehabilitation.

**Self-assessment of Leadership Paper:** Provides an opportunity for learners to explore current theories on leadership and styles of leadership through self-assessment of their leadership style. Learners are asked to complete a self-analysis of their own leadership style and behaviours by means of self-assessment tools, personal awareness and reflections, and input from colleagues and situate their findings within concepts selected from the course readings.

**Leaders in Rehabilitation Paper:** Provides learners with an opportunity to demonstrate their understanding of the nature and development of leadership using an individual they identify as a leader in the field of rehabilitation. Learners are asked to interview a leader in the field of rehabilitation and analyse the interview using a current leadership theory., discuss issues of leadership style, tasks and challenges, and consider the developmental issues in becoming a leader for this person.

**Leadership proposal:** This assignment requires the learner to apply the major concepts covered in the course to a specific setting through the creation of a leadership proposal. Learners are asked to develop a detailed, theoretically based leadership plan/approach to a current situation in his/her organization, profession, or health care system. The plan should include a description of the setting, players, roles, and timelines as well as potential barriers and resources.

**Presentation and defense of proposal:** Learners will facilitate discussion on his/her leadership plan. The learner demonstrates scope and breadth of topic in discussion and is able to clarify and expand on issues raised by colleagues. The learner provides evidence of reflection and integration through summary comments of strengths and areas for improvement.

## Bibliography:

The following references (texts, articles, websites) are potential resources for this course. Learners will receive required custom course materials by mail following registration. These may be also be supplemented by the instructors and students during the course to address additional course-related issues of interest to students.

### Texts:

Buckingham, M., & Clifton, D. (2001). *Now discover your strengths*. Gallup Organization: New York

Katzenbach, J., & Smith, D. K. (2003). *The wisdom of teams: Creating the high performance organization*. Collins Business Essentials: New York

Kouzes, J. M. & Posner, B. Z. (2003). *The leadership challenge* (3rd ed.). John Wiley and Sons: San Francisco

Senge, P. (2006). *The fifth discipline: The art and practice of the learning organization* (2nd Ed.). Doubleday: New York

### Articles:

Anonson, J., Conroy, S., Healey-Ogden, M. Palmer, J. Shawara, E. (2005). *Planting the seeds of leadership*. *Canadian Nurse*, 101(2), 24-27.

Baptiste, S. (2000). *Visioning together for leadership*. *The Canadian Journal of Occupational Therapy*, 67(2), 81-85.

Barbuto, J., Xu, Ye. (2006). *Sources of motivation, interpersonal conflict management styles, and leadership effectiveness: A structural model*. *Psychological Reports*, 98, 3-20.

Barczak, N. (1996). *How to lead effective teams*. *Critical Care Nursing Quarterly*, 19(1), 73-82.

Bournes, D., DasGupta, T. (1997). *Professional practice leader: a transformational role that addresses human diversity*. *Nursing Administration Quarterly*, 21(4), 61-68.

Baum, C. (2006). *Harnessing opportunities and taking responsibility for our future*. *The American Journal of Occupational Therapy*, 60(3), 249-257.

Brachtesende, A. (2006). [Everyday leadership](#). *OT Practice*, 11(2), 9-13.

Buonocore, D. (2004). *Leadership in action: creating a change in practice*. *American Association of Critical Care Nurses*, 15(2), 170-181.

Burke, J., DePoy, E. (1991). An emerging view of mastery, excellence, and leadership in occupational therapy practice. *The American Journal of Occupational Therapy*, 45(11), 1027-1032.

Callaly, T., Minas, H. (2005). Reflections on clinician leadership and management in mental health. *Australasian Psychiatry*, 13(1), 27-32)

Chyna, J. (2000). Climbing the ladder: What it takes to succeed in healthcare management. *Healthcare Executive*, 15(6), 12-17.

Diemeo, S. (1997). The topic of leadership among program directors deserves expanded study. *The American Journal of Occupational Therapy*, 51(9), 788-789.

DiGiacomo, M. (2004). Leading the way. *PT Magazine*, 12(10), 52-56.

Dillon, T. (2000). Authenticity in occupational therapy leadership: A case study of a servant leader. *The American Journal of Occupational Therapy*, 55(4), 441-448.

Dudek-Shriber, L. (1996). Leadership qualities of occupational therapy department program directors and the organizational health of their departments. *The American Journal of Occupational Therapy*, 51(5), 369-377.

Duffield, C. (2005). A master class for nursing unit managers: an Australian example. *Journal of Nursing Management*, 13, 68-73.

Finlayson, M. (2000). Are you ready to dance with opportunity? *The Canadian Journal of Occupational Therapy*, 67(5), 286-290.

Goleman, D. (2000). Leadership that gets results. *Harvard Business Review*, March-April, 78-90.

Grady, A. (1991). Directions for the future: Opportunities for leadership. *The American Journal of Occupational Therapy*, 45(1), 7-9.

Guarriello, M. (1996). The management of leadership. *Hospital Materiel Management Quarterly*, 17(3), 17-20.

Haffenreffer, D., Sinclair, S. (2003). Achieving excellence in leadership. *Provider*, 71-75.

Hunt, L. (2006). Occupational therapy and physiotherapy staff trail race for NHS leadership roles. *Therapy weekly*, retrieved January 22, 2007 from <http://www.therapyweekly.co.uk/nav?page=therapy.news.story.print&resource=5343430>

Johnson, S. (2005). Characteristics of effective healthcare managers. *The Health Care Manager*, 24(2), 124-128.

- Kelly, J. (2006). An overview of conflict. *Dimensions of Critical Care Nursing*, 25(1), 22-28.
- Levine Schemm, R. & Bross, T. (1994). Mentorship experiences in a group of occupational therapy leaders. *The American Journal of Occupational Therapy*, 49(1), 32-37.
- Levey, S., Hill, J., Greene, B. (2002). Leadership in health care and the leadership literature. *Journal of Ambulatory Care Management*, 25(2), 68-74.
- Lynagh, W. (2006). What's your type and why does it matter? *The Physician Executive*, 32(1), 24-27.
- Mackereth, P., Carter, A. (2006). Clinical leadership: developing the role of complementary therapy coordinators. *Complementary Therapies in Clinical Practice*, 12, 80-82.
- Martin, V. (2006). Learning to lead. *Nursing Management*, 12(9), 34-37.
- Martin, V. (2006). Learning to lead: part 2. *Nursing Management*, 12(10), 34-37.
- Mathews, S., Lankshear, S. (2003). Describing the essential elements of a professional practice structure. *Canadian Journal of Nursing Leadership*, 16(2), 63-71.
- McCallin, A. (2003). Interdisciplinary team leadership: a revisionist approach for an old problem? *Journal of Nursing Management*, 11, 364-370.
- McCutcheon, A. (2005). A framework for professional practice. *Nursing BC*, 37(4), 8.
- McNally, K., Lukens, R. (2006). Leadership development: an external-internal coaching partnership. *The Journal of Nursing Administration*, 36(3), 155-161.
- Melum, M. (2002). Developing high-performance leaders. *Quality Management in Health Care*, 11(1), 55-68.
- O'Neal, C. (2004). Creating leadership skills in fundamental courses. *Journal of Nursing Education*, 43(11), 524.
- Perkins, V. (1992). A model for selecting leadership styles. *Occupational Therapy in Health Care*, 8(3), 225-237.
- Plsek, P., Wilson, T. (2001). Complexity, leadership, and management in healthcare organizations. *British Medical Journal*, 323(29), 746-749.
- Piper, L. (2005). Passion in today's health care leaders. *The Health Care Manager*, 24(1), 44-47.

Porter-O'Grady, T. (2004). Constructing a conflict resolution program for health care. *Health Care Management Review*, 29(4), 278-283.

Porter-O'Grady, T. (2004). Embracing conflict: building a healthy community. *Health Care Management Review*, 29(3), 181-187.

Porter-O'Grady, T., Alexander, D., Minkara, N. (2006). Constructing a team model: creating a foundation for evidence-based teams. *Nursing Administration Quarterly*, 30(3), 211-220.

Reimer, L. (2000). Leadership: It's our future. *The Canadian Journal of Occupational Therapy*, 67(3), 141-145.

Reiss, R. (2000). Leadership theories and their implications for occupational therapy practice and education. *OT Practice*, 5 (12), CE1-CE8.

Skjorshammer, M. (2001). Conflict management in a hospital. *Journal of Management in Medicine*, 15(2), 156-166.

Sullivan, J., Bretschneider, J., CmCausland, M. (2003). Designing a leadership development program for nurse managers. *The Journal of Nursing Administration*, 33(10), 544-549.

Swanson, J. (2000). Zen Leadership: balancing energy for mind, body, and spirit harmony. *Nursing Administration Quarterly*, 24(2), 29-33.

Watson, L. (2004). Self-leadership: becoming an exceptional leader. *Radiologic Technology*, 75(6), 457-470.

Westwood, F. (2001). Leadership and communication. *British Journal of Perioperative Nursing*, 11(4), 191-194.

Websites:

[leadertoleader.org](http://leadertoleader.org)

Working in Health: A Practical Guide for Scotland: Securing Change:

[http://www.workinginhealth.com/workforce/wih\\_dt\\_disp\\_temp.jsp;jsessionid=FB1E34C3CAD28E1C09DE1F3EC19937D0?pContentID=1220&p\\_applic=CCC&p\\_service=Content.show&](http://www.workinginhealth.com/workforce/wih_dt_disp_temp.jsp;jsessionid=FB1E34C3CAD28E1C09DE1F3EC19937D0?pContentID=1220&p_applic=CCC&p_service=Content.show&)

[Change Facilitation, Global Network for Exploring, Creating and Celebrating Change:](#)

Change management tool book:

<http://www.change-management-toolbook.com/tools/index.html>

The Dance of Change:

<http://www.fieldbook.com/DoC/DOC.html>

Systems Map: <http://www.fieldbook.com/AllLoops.pdf>

Comparison of change theories. Retrieved February 1, 2007 from

<http://www.nationalforum.com/Electronic%20Journal%20Volumes/Kritsonis,%20Alicia%20Comparison%20of%20Change%20Theories.pdf>

Conflict Resolution Network

<http://www.crnhq.org/freecrkit.html>

Marc Robert: [http://q8gstraining.tripod.com/32\\_conflict\\_management.pdf](http://q8gstraining.tripod.com/32_conflict_management.pdf)

on-line:

<http://www.qedservices.co.nz/Questionnaires/ConflictManagementStyleSurvey.htm>

Centre for Campus life: building spirit:

<http://campuslife.rit.edu/admin/greekadmin/files/Whats%20your%20conflict%20management%20style.doc>

The Leadership Centre at Washington State University:

<http://www.afc-ispi.org/Repository/Conflict-Management%20survey.pdf>

Peg Pickering: How to manage conflict

<http://www.workfirst.wa.gov/local/Soft%20Skills%20Training/ConflictManagementSurvey.pdf>

Modernization Agency Leadership Centre

<http://www.leadership.modern.nhs.uk/researchandevaluation/nature.aspx>

Big Dog's Case 1 - Quest Computer Corporation

<http://www.skagit.com/~donclark/hrd/case/quest.html>

Centre for Creative Leadership

<http://www.ccl.org/leadership/index.aspx>

Team Technology

<http://www.teamtechnology.co.uk/tt/t-articl/mb-simpl.htm>

MindTools: Essential skills for an excellent career

<http://www.mindtools.com/>

University of Exeter Centre for Leadership Studies:

A review of leadership theory and competency frameworks

[http://www.leadership-studies.com/documents/mgmt\\_standards.pdf](http://www.leadership-studies.com/documents/mgmt_standards.pdf)

Life tour online leadership style survey (online):

[http://www.lifetour.com/leadership\\_demo.htm](http://www.lifetour.com/leadership_demo.htm)

Advisor team personality sorter (online)

[http://www.advisorteam.com/temperament\\_sorter/register.asp?partid=1](http://www.advisorteam.com/temperament_sorter/register.asp?partid=1)

Team Technology: Myers-Briggs type indicator (online)

<http://www.teamtechnology.co.uk/mmdi-re/mmdi-re.htm>

Greenleaf Centre for Servant Leadership

<http://www.greenleaf.org/>

Central Michigan University: The Social Change Model of Leadership Development

[http://www.reslife.cmich.edu/index.php?section=Leadership\\_Opportunities&category=Leadership\\_Camp&page=Social\\_Change](http://www.reslife.cmich.edu/index.php?section=Leadership_Opportunities&category=Leadership_Camp&page=Social_Change)

The FBN-IFERA Global Family Business Leadership Project (2003)

[http://www.ifera.org/ifera\\_Leadership\\_Study\\_Kosmas\\_Smyrnios\\_030918.pdf](http://www.ifera.org/ifera_Leadership_Study_Kosmas_Smyrnios_030918.pdf)

## GRADUATE FACULTY PARTICIPATION

September 2007

### **Health Research Methodology**

Dr. Mark Oremus - Asst. Prof. (P/T) - courses and committees at the MSc & PhD level

Dr. Michael Pysklywec - Asst. Prof. (P/T) - courses and committees at the MSc level

### **Medical Sciences - Full membership**

Dr. Helga Duivenvoorden - Asst. Prof - CG

Dr. Peter Gross - Assoc. Prof - MN

Dr. Brian Timmons - Asst. Prof. - PP

Dr. Theodoros Tsakiridis - Asst. Prof. - CG

Dr. Jack Wang - Asst. Prof. - CG -conditional on 2 years funding

Dr. David Armstrong - Assoc. Prof. - PP

Dr. Elyanne Ratcliffe - Asst. Prof. - NBS

### **Nursing**

Dr. Gabriel Ronen - Prof. - Assoc. Member - courses and committee at the MSc & PhD levels

Dr. Susan Matthews - Assoc. Prof. - courses and committee at the MSc & PhD levels

Kathy Cunningham - Asst. Prof. - course and committee at the MSc and Graduate Diploma students in the ANN program.

Dr. Ilana Bayer - Asst. Prof. - supervisory committees at the MSc and PhD levels and examiner for comps.

Dr. Olive Wahoush - full membership

Dr. Mabel Hunsburger - courses and committees at all levels (professor emeriti, status to be reinstated)

Dr. Gladys Peachey - change in Graduate Faculty Status to include supervision at the MSc and PhD levels.

Dr. Patricia Caldwell - Asst. Prof. - supervisory committees at the MSc and PhD levels.

### **Rehabilitation Science**

Mary Clark - MSc (on-line) courses and committees

Kevin Eva - Assoc. Prof. - Assoc. Member - full membership at the PhD level

Lori Roxborough - Assoc. Prof. - courses and committees at the course-based MSc level

Gregory Spadoni - Asst. Clinical Prof.(P/T) - courses and committees at the MSc level

Julie Moreland - Assoc. Prof. (P/T) - courses and committees at the MSc level

Anne Klassen - Assoc. Prof. - full membership at the MSc and PhD levels

Joyce Tryssenaar - Assoc. Prof. - full membership at the PhD level

John J. Triano - Assoc. Prof. - full membership at the MSc and PhD levels

### Occupational Therapy

Shaminder Dhillon - Asst. Prof. - full membership

Rebecca Gewurtz -Asst. Prof. - full membership

Sandra Moll- Asst. Prof. - full membership

Nancy Plews - Asst. Clinical Prof. - full membership in OT

Lorie Shimmell - Asst. Prof. (P/T) - full membership

John McCluskie - Asst. Prof. - full membership in OT

### Physiotherapy

Patricia Miller - Asst. Clinical Prof. - full membership

Nancy Plews - Asst. Clinical Prof. - full membership in PT

Gregory Spadoni - Asst. Clinical Prof.(P/T) - full membership in PT

Bronwen Thomas - CLA - full membership

Julie Moreland - Assoc. Prof. - full membership in PT

John McCluskie - Asst. Prof. - full membership in PT

Kirsti Reinikka - Asst. Prof. - full membership in PT

Christopher Winn - Asst. Prof. - full membership in PT