

# National Transcript

Bachelor of Science Degree in Ergotherapie  
(Occupational Therapy)

2016 - 2020

  
ergotherapie nederland

 Hogeschool van Amsterdam

Hogeschool  van Arnhem en Nijmegen

Opleiding  
Ergotherapie



Zuyd  
Hogeschool

ZU  
YD



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# Introduction to the National Transcript

The National Transcript for the Bachelor's Degree in Ergotherapie (Occupational Therapy) is a document produced jointly by all Higher Education Institutes that provide a Bachelor's programme in Ergotherapie (Occupational Therapy) in the Netherlands. These are the programmes of Hogeschool Amsterdam, Hogeschool Arnhem and Nijmegen, Hogeschool Rotterdam, and Zuyd Hogeschool. These four education programmes are accredited by the World Federation of Occupational Therapists (WFOT) and accredited by the Dutch-Flemish Accreditation Organisation (NVAO). This transcript has been developed to support the process of recognition of Dutch Occupational Therapy degrees abroad. This document is for all students who graduate from one of the Ergotherapie programmes in the Netherlands. When requesting recognition of their degree abroad, it is the responsibility of the occupational therapists themselves to submit this document with the application.

## Consultation on occupational therapy education programmes

The National Transcript for the Bachelor's Degree in Ergotherapie (Occupational Therapy) was created in 2012 under the auspices of the national Study Direction Organisation of Occupational Therapy (Dutch: Studie Richtingen Overleg Ergotherapie or SROE) and it is updated every four years. The SROE is a collaborative venture between the four occupational therapy education programmes in the Netherlands, whose main aim is to attune occupational therapy education to developments in government policy, higher professional education (HBO) standards, the profession and the professional association of

occupational therapists (Ergotherapie Nederland). The SROE has a curriculum project group consisting of representatives of the four education programmes, who develop the National Transcript; the project group has an external secretary (see Appendix 3).

## The validity of this document

This version of the National Transcript for the Bachelor's Degree in Ergotherapie (Occupational Therapy) is valid for graduates of the academic year 2017 up to 2020.

## Reading guide

Part A of this document describes the position of the Bachelor's Degree in Ergotherapie (Occupational Therapy) in the Netherlands and positions these four education programmes within the international context. Part B of this document provides an insight into the different professional competencies and competency profiles that, in combination with the professional profile, make up the education programme for occupational therapists. Part C describes the content of the education programme for occupational therapy in the Netherlands (the Body Of Knowledge, Skills and Attitudes (BOKSA)) and explains the relationship between this, the national professional competencies and the WFOT themes. Parts D and E, which are optional, describe additional information specific to each education programme as well as the student profile. For the purpose of readability, no references have been inserted into the text in Part B. This document is based on a number of applicable (international) sources. The references for these source documents for this document can be found in Appendix 2.

# Part A: Bachelor's Degree in Ergotherapie (Occupational Therapy)

## A.1 Introduction

Occupational Therapy – a four-year education programme within the higher professional education (HBO) system is offered by four Universities of Applied Sciences in the Netherlands. These are Hogeschool Amsterdam, Hogeschool Arnhem and Nijmegen, Hogeschool Rotterdam, and Zuyd Hogeschool. The education programme falls within the domain of the 'Bachelor of Science'.

The education programme for the diploma Bachelor of Science in Ergotherapie (Occupational Therapy) is governed by the legislation and regulation of the Ministry of Education, Culture and Science (OC&W). The Ministry of Education, Culture and Science guarantees the quality of education through the mandatory six-yearly accreditation process implemented by the Dutch-Flemish Accreditation Organisation (NVAO).

The four programmes that make up the Bachelor's Degree in Ergotherapie (Occupational Therapy) are designed on the basis of national and international agreements concerning:

- The European Bachelor-Master structure
- International networks: the World Federation of Occupational Therapists (WFOT) and the European Network of Occupational Therapy in Higher Education (ENOTHE), and associations of occupational therapists the Council of Occupational Therapists for the European Countries (COTEC)
- The professional profile for occupational therapy and professional competencies for occupational therapy (see part B).

The Professional Profile for Occupational Therapy (Beroepsprofiel Ergotherapeut, Van Hartingsveldt et al., 2010) and the Professional Competencies Occupational Therapy (Beroepscompetenties Ergotherapie, Verhoef & Zalmstra, 2013) form the basis of the education programme occupational therapy. The professional profile describes the essence of the professional identity, which is applicable to all occupational therapists, regardless of the capacity in which they are employed or the context in which they work. A qualified occupational therapist is entitled to work in all areas of the profession and strives to promote the health and well-being of people, with a focus on opportunities to participate in occupations in daily life and in society. The document Professional Competencies for Occupational Therapy describes the qualification level of occupational therapists when starting out on their careers. It determines the final level achieved in the Bachelor's programme and is referred to when assessing and determining the content of the programme. In this way, it is ensured that the national requirement that every occupational therapy education programme is based on these common national qualification standards is met.

The academic qualifications of the teaching staff in the education programmes are 100% Bachelor's and at least 80% higher degrees, i.e. Master's or PhD level.

## A.2 The international context

### European Bachelor-Master structure

The Dutch higher education system has a three-tier system: the Bachelor's level, the Master's level and the doctorate (PhD) level. This structure brings the Netherlands in line with the developments that were initiated by the Bologna Declaration in 1999. Higher education in relation to occupational therapy is shown in the following table.

<i>Three exit levels</i>	<i>Years of study</i>	<i>Title</i>	<i>Type of institution</i>
First cycle: undergraduate or Bachelor's level	4 years (240 credits)	Bachelor of Science (BSc) / Occupational Therapist	Universities of Applied Science (University College)
Second cycle: graduate or Master's level	1 – 2 years (60 – 120 credits)	Professional Master's Degree	Universities of Applied Science
		Master of Science in Occupational Therapy (MSc OT)	Universities of Applied Science and (Research) Universities
		(Scientific) Master's Degree (MSc) in other fields	(Research) Universities
Third cycle: doctorate or PhD- level studies	Normally 4 years (credits not indicated)	Doctorate (PhD)	(Research) Universities

## International collaboration

Internationalisation in education is important for developing occupational therapy. This contributes to:

1. a stronger professional profile of the occupational therapist
2. curriculum development
3. virtual and physical mobility of students and lecturers.

Internationalisation is demonstrated in education programmes through the participation of students and lecturers from other countries in research projects, internships, graduation and education projects, and curriculum development. In addition, there is a substantial inflow of foreign (mainly German) students in Dutch education programmes. In addition, each education programme has its own partners to ensure sufficient exchange of students and lecturers.

In the European context, the Dutch occupational therapy education programmes are associated with ENOTHE. This network meets once a year for continuous curriculum development and an annual general meeting. ENOTHE brings together representatives of all European education programmes and other stakeholders to work towards the following objectives:

1. to monitor and develop occupational therapy and occupational therapy education
2. to improve professional practice, education and research
3. to promote the theory of occupational therapy and occupational science.

ENOTHE collaborates closely with the European associations for occupational therapy and the COTEC in the consortium OT-Europe (OT-EU).

Within the European context (OT-EU, ENOTHE and COTEC) the Dutch occupational therapists have defined competencies and qualifications at the Bachelor's, Master's and doctorate (PhD) level. Known as the Tuning competencies these have been incorporated in the national professional profile, professional competencies and occupational therapy education programmes (Tuning project, 2008) (see Part B).

The global professional association, WFOT, works towards standardising occupational therapy education at a global level and has developed a minimum standard to help achieve this: 'The revised minimum standards for the education of occupational therapists 2016'. The WFOT has recognised and accredited all four occupational therapy education programmes in the Netherlands and this accreditation is reviewed every five to seven years.

## Part B: Professional competencies

The occupational therapy education programmes in the Netherlands are designed on the basis of the Professional Competencies Occupational Therapy (Verhoef & Zalmstra, 2013). The description of these professional competencies is related to international and national documents. In this part these relationships are explained.

### B.1 WFOT areas and Tuning competencies

The document *'The revised minimum standards for the education of occupational therapists, WFOT, 2016'* and its previous editions have been recognised by the professional body of occupational therapists since 1963. In this document the minimum standards that apply to all occupational therapy education programmes worldwide have been described under six competence areas. These six competence areas are related to the essential knowledge, skills and attitude standards which the education programmes should comply with. These areas also describe the competency level of a newly qualified practitioner. The six competence areas are: the person-occupation-environment relationship and its relationship to health, therapeutic and professional relationships, the occupational therapy process, and the context of professional practice and the application of evidence to ensure best practice.

The document *'European Competencies Occupational Therapy'* (Tuning project, 2008) describes the frame of reference for developing occupational therapy education programmes within Europe. The European description of the occupational therapy competencies at Bachelor level are divided into six areas of competency and are applicable to the Dutch occupational therapy education programmes. The six areas of competency are: Knowledge of Occupational Therapy, Occupational Therapy Process and Professional Reasoning, Professional Relationships

and Partnership, Management and Promotion of Occupational Therapy, Professional Autonomy and Accountability, and Research and Development of Occupational Therapy/Science.

### B.2 Professional profile and professional competencies

The *'Professional Profile Occupational Therapist'* (Van Hartingsveldt et al., 2010) provides an insight into the tenets of the occupational therapy profession and what the principles of occupational therapy practice in the Dutch context are (client-centred, occupation-based, context-based and evidence-based). The professional profile unites professional practitioners through the use of common language and forms an important point of reference for education. The professional profile is the basis for profiling and provides an insight into what occupational therapy has to offer to its clients. In this professional profile the relationship between occupational therapy and health, well-being and participation and between occupational therapy and the (societal) context in which the profession is practised (Van Hartingsveldt et al., 2010) is clarified. The professional profile describes the essence of professional practice in seven areas of professional competence, based on the Canadian Medical Education Directions for Specialists (CanMEDs), i.e. professional practice, communication, lifelong learning, collaboration, advocating participation, entrepreneurship, and expertise in enabling occupation. Of these seven areas of competence the area of *'expertise in enabling occupation'* is specific to occupational therapy and the core domain of concern. The other areas of competence are generic and applicable to several professional disciplines in higher education.

The education programmes for Occupational Therapy in the Netherlands offer competency-based education. The National Transcript for the Bachelor's Degree in Ergotherapie (Occupational Therapy) was

created in 2012 by the national organization SROE and is updated every four years.

The definition of the national professional competencies was commissioned by the SROE. They have been defined/formulated by the four education programmes in collaboration with colleagues in clinical practice and stakeholders (policy makers, researchers), after which they were presented to the professional association and finally approved by the Higher Professional Education Council (Vereniging Hogescholen). An updated version of the professional competencies for occupational therapy was published in 2013. The twelve professional competencies are divided in client-focused, organisational and professional competencies and described in the 'Professional Competencies Occupational Therapy' (Verhoef & Zalmstra, 2013).

The twelve professional competencies have been concisely described in general terms, and (then) divided into sub-competencies/sub-tasks. Every education programme occupational therapy has incorporated these professional competencies in their curriculum, in the context of their own educational approach.

### **B.3 The relationship between all professional competencies**

All four documents described above, i.e. the minimum standards of the WFOT, the European Tuning competencies, the Professional Profile Occupational Therapist and the Professional Competencies Occupational Therapy, are key informing documents for the Dutch education programme Bachelor of Science in Ergotherapie (Occupational Therapy). The professional profile provides the connection for the students with their future professional practice. The Professional Competencies Occupational Therapy describes the final qualifications of the programme; the generic core qualifications of HBO-Bachelor and the Dublin Descriptors have been integrated into these. The Tuning competencies provide the European standard for occupational therapy education programmes. The WFOT minimum standards provide the foundation for Occupational Therapy education worldwide. The descriptions of the different competencies and areas that are applicable to occupational therapy education are therefore congruent with each other and interact with each other. The table below presents the four documents schematically. The table provides insight into:

- the way the four documents fit together
- how the way they interact strengthens the image of occupational therapy education.

<i>The revised minimum standards for the education of occupational therapists (WFOT, 2016)</i>	<i>Professional Competencies Occupational Therapy (Verhoef &amp; Zalmstra, 2013)</i>	<i>Professional Profile Occupational Therapist (Van Hartingsveldt et al., 2010)</i>	<i>Tuning competences (Tuning project, 2008)</i>
An occupational therapy process encompassing collaborative, people-centred, occupation focused processes  The person- Occupation – Environment Relationships & the relationship of occupation to health and wellbeing	Screen	Expertise in enabling occupation	Knowledge of occupational therapy  Occupational therapy process and professional reasoning
	Assess and evaluate		
	Intervene and coach		
	Advise (stakeholders)		
	Support and empower	Promoting Participation	
Therapeutic & Professional Relationships	Collaborate	Encourage collaboration	Professional relationships and partnerships
Context of Professional Practice	Encourage enterprise	Enterprise	Management and promotion of occupational therapy
	Organise	Professionalism	
Professional Reasoning & Behaviour	Evaluate quality	Professionalism	Professional autonomy and accountability
	Research	Lifelong Learning	Research and development of occupational therapy/ science
	Innovate		
	Continue professional development (CPD)		
		Communication	Professional autonomy and accountability

# Part C: Body of Knowledge, Skills and Attitudes (BOKSA)

## C.1 Body of Knowledge, Skills and Attitudes (BOKSA)

This part provides an overview of the Body of Knowledge, Skills and Attitudes (BOKSA) in the education programme Occupational Therapy. The BOKSA includes theoretical and practical learning and the application of the knowledge gained within the programme, clinical practice placements and the individual/independent study in the form of a minor. The relationship between the BOKSA and the Professional Competencies Occupational Therapy is described in section C.2. The relationship between the BOKSA and the areas for occupational therapy education as provided by the WFOT is described in part C.3. C.4 describes the number of hours of practice experience in the areas of clinical practice placements, internship and the minor.

The BOKSA Ergotherapie (occupational therapy) provides insight into the core principles of the education programmes for occupational therapy in the Netherlands and distinguishes between: Knowledge Domain, Core Domain Occupational Therapy, Knowledge of Medical and other relevant Informing Sciences, Client-focused Skills, Organisational Skills, Professional Skills, and Attitude. We base our definitions on those created by the WFOT (2016).

- Knowledge refers to the things that a person knows, and includes knowing about things and knowing how to do things. Knowledge is developed through experience as well as through education.
- Skill refers to having the ability to do something, and includes skill in thinking as well as skill in physically doing something. Skills are usually developed through experience. Being skilful often depends on being knowledgeable about what you are doing.
- Attitude is a way of thinking about something that influences how you feel about it and how you behave.

## Knowledge core domain Occupational Therapy (60 EC)

### I. The origin and development of the profession

The occupational therapist is an expert in enabling people's occupation, despite or with (potential) impairments, occupational or participation limitations. The occupational therapist has knowledge of:

- the professional domain of occupational therapy and the concept 'occupation'
- the origin, development and professionalization of occupational therapy in the Netherlands
- the origin and development of occupational therapy internationally
- the current legal status, position of and future developments in occupational therapy and the professional association in the Netherlands.

### II. The principles used to define occupation

The principles of the profession form the general frame of reference for theory development and professional practice. These principles are binding in character for all occupational therapists, regardless of area of practice:

- Humans are occupational beings
- Occupation influence health and well-being
- Occupation organise time and structures life
- Occupation is the result of a dynamic interaction between the person, the activities and the context
- Occupation provide meaning to life/makes life meaningful
- Occupation is a personal experience
- Occupation has therapeutic potential
- People can experience disruptions in occupation
- Every person has a right to meaningful occupation
- Occupation lead to engagement, and engagement leads to occupation.

### III. Occupation

The concept of 'occupation' is central to the principles of occupational therapy. Occupation is used as both a means and as a purpose (of: objective, goal) of the intervention.

#### Occupation includes the following elements:

- The individual: every person is unique and has his or her own (life) story. A human being is a self-organising, adaptable unit, who interacts with their environment continuously.
- The context: the sum of all phenomena and conditions that surround the person and that influence their occupations and development.
- Occupation: the purposeful execution of one or more daily activities, appropriate to a given role in a given environment (of the person). The environment and the activities must match the wishes, needs, skills and occupational competencies of the person. Occupation has different dimensions; doing, being, becoming and belonging.

### **Classifying occupational performance:**

- The meaning of occupation: engaging occupations, basic occupations, social occupations, irregular occupations, time-killing occupations (Jonsson, 2008)
- Taxonomic Code of Occupational Performance
- Models and frameworks
- Areas of occupation: 1) personal and instrumental Activities of Daily Living, 2) education/work, 3) play/leisure.
- Execution (*occupational performance*) and involvement (*occupational engagement*).

### **Enabling occupation and change through occupation**

- developing occupational performance through different life stages
- maintaining occupational performance (*occupational engagement*), health and well-being
- regaining occupational engagement/occupations, activities, tasks and functional skills
- prevention of the loss of meaningful occupation through deprivation, alienation or other forms of occupational injustice, and
- occupational balance.

### **IV. Processes of occupational therapy thinking, reasoning and reflection**

- the empirical-analytical frame of reference and the interpretive frame of reference (two-body practice)
- different forms of professional reasoning
- shared decision-making
- reflection (*reflection on action* and *reflection in action*)

### **V. Occupational Science**

- complexity of human occupation
- adding meaning to life through occupation
- the relationship between occupation and health, well-being and participation
- the dynamic interaction between the person, the occupation and the environment.

# Knowledge of medical sciences and other relevant informing sciences (35 EC)

## I. Medical sciences

Occupational therapists have knowledge of medical terminology and common illnesses and chronic conditions relevant to their professional practice.

### 1. Basic medical knowledge

- Anatomy: anatomic terminology. Structures and functions of the human body such as skeleton, muscles, joints, nerves and brain
- Physiology: functions of the human body and physiological knowledge of muscles and nerves. Development, structure and functions of the central nervous system, sensory and motor development.
- Neurology: knowledge of structure and functions of brain, spinal cord and nerves.

### 2. Pathology

Knowledge of terminology, causes and consequences of illnesses and classification on the basis of recognised international classifications such as the ICD-10, ICF and DSM V:

- Mental illness and behavioural disorders (for example, depression, schizophrenia or ADHD)
- Endocrine disorders and disorders in nutrition or metabolism (for example, Diabetes Mellitus)
- Disorders of the nervous system (for example, dementia, multiple sclerosis, or Parkinson's Disease)
- Cardiovascular diseases (for example, myocardial infarction and CVA)
- Disorders of muscles, bones and connective tissue (for example, progressive muscular dystrophy, rheumatoid arthritis and osteoarthritis)
- Respiratory disorders (for example, COPD)
- Oncology
- Congenital deformities, congenital disorders and chromosomal disorders (for example, cerebral palsy, spina bifida and Down's Syndrome)
- Complaints, symptoms and clinical anomalies, not otherwise specified (for example, unexplained pain and chronic fatigue)
- Multi-morbidity

## II. Social and behavioural sciences

Knowledge of health, well-being, participation and illness from two perspectives

### 1. Sociology

- the client system within a systems theory approach
- development of the welfare state and participation state in local, national and international context
- conceptualisation of client groups such as the elderly, the chronically ill, children and participation in employment
- health and social care systems, care organisation and social security
- informal carers
- public health and community based care
- diversity in society
- human rights and equal opportunities to participate in society
- accessibility of services.

## 2. Psychology

- insight into theories of behavioural change and personality characteristics
- knowledge on influences on behaviour and empowerment
- developmental psychology
- psycho-geriatrics
- theories of learning
- theories of coping, adaptation and motivation
- group dynamics

## III. Health sciences

### 1. Policy, management and evaluation of care systems

- government policy and regulations that apply to healthcare and well-being, societal participation and law
- the different perspectives that are applicable to quality care, such as those on the micro, meso and macro level
- various quality assurance models (such as the Plan-Do-Check-Act (PDCA) cycle and quality assurance systems (such as HKZ, the Harmonisatie Kwaliteitsbeoordeling in de Zorgsector, or Harmonisation of Quality Standards in the care sector)
- aspects of quality improvements for occupational therapy in particular, such as quality registration and implementation theories for the application of guidelines and collegial intervention.
- the processes of systematic quality improvement.

### 2. Movement sciences

- normal movement and knowledge of the pathology of movement, posture and weight bearing

### 3. Health promotion and (public) health

#### *The basic principles of self-management*

- the concept of 'self-management'
- the generic model of self-management
- target groups for self-management
- specific application of self-management within occupational therapy.

#### *Knowledge of health promotion and prevention*

- the concept of 'health promotion' and the related concept of 'prevention'
- different levels of prevention
- principles of health promotion – international and national
- high risk categories with potential impairments and/or limitations in participation
- specific application of health promotion and prevention

### 4. General

#### *Knowledge of developments and issues in the Netherlands in relation to health, well-being and participation, such as:*

- demographic changes of the Dutch society
- health and well-being issues in Dutch society
- target groups with (potential) occupational limitations
- government policy in relation to health, well-being and behaviour.

*Knowledge of basic principles of care and ethics, such as:*

- concepts such as values, norms, autonomy, health and well-being
- principles such as the right to self-determination and the right to equal treatment and equal opportunities
- the Professional Code of Ethics for Occupational Therapy

## **5. Technology and health**

- technological developments and specific applications within occupational therapy
- interventions through care technologies such as telemedicine and telemonitoring, home automation/environmental control, smart homes and electronic applications.

## **IV. Organisational sciences**

### **1. Management, organisation and communication**

- various forms of organisation and principles of management within care and welfare systems
- financial management of care, welfare, employment schemes and (suitable) education and training
- roles of the various professions in care, welfare, employment services and education
- use of ICT for reporting and record keeping

### **2. Enterprise, networking and marketing**

- theory of entrepreneurship (the process from idea to innovation, service or product development and business plan)
- recognising opportunities for occupational therapy
- principles and instruments/tools for market forces and marketing
- methodology of project-based working
- networking, (professional) profiling and public relations

## **V. General scientific knowledge**

- philosophy and ethics of science
- types of (qualitative and quantitative) scientific research
- research methodology, such as reliability, validity, randomisation and significance
- methods of data collection and analysis
- methodology of evidence-based practice
- methodology of applied (practice-based) research
- research ethics/ethical issues in research.

## Client-centred skills (70 EC)

The occupational therapist works systematically with a person (and their personal support system), organisation or population and uses clinical reasoning to consider options for intervention or action with the client (person, organisation or population). For these considerations the occupational therapist uses theories and models to (1) prioritise (2) index and analyse (3) interpret and define the occupational issue, and (4) suggest/propose solutions to enable or enhance occupation and participation in society. The occupational therapist uses the following skills to achieve this:

### 1. Initiating the therapeutical relationship

- has cultural sensitivity and effective communication skills
- determines whether the client is willing and capable of participating in occupational therapy
- possesses general communication skills such as interviewing, coaching and advisory skills.
- listens respectfully and actively

### 2. Introduction

Initiating the professional relationship between the client and the occupational therapist by means of an initial meeting and clarifying interview, in which the occupational therapist:

- identifies and recognises the client's need
- recognises medical warning signs and interprets these for possible underlying pathology ('red flags') in persons who have not been referred for occupational therapy
- determines whether a medical examination is necessary or desirable before occupational therapy intervention commences
- identifies limitations in occupational performance
- determines whether occupational therapy intervention is appropriate, based on the referral question or need
- reports back to the Family Doctor (GP) with a well-considered advice about the appropriateness of the referral.

### 3. Analysis of the occupational issue

The occupational therapist assesses and evaluates the referral request, capabilities and limitations in occupational performance through:

- Assess (assessment) the appropriate use of valid and reliable occupational therapy assessment methods. The assessment consists of:
  - verbal and written information gathering
  - occupational therapy assessment: observations and tests/assessment batteries and tools.
- Prioritising: the client is encouraged to indicate their priorities in their occupational issues and to indicate how satisfied they are with the execution of meaningful occupations.
- Analysing: analysis of the occupation, composed of a set of activities.
- Defining:
  - In dialogue with the client, interpreting the information gathered in relation to the dynamic interaction between the client, the activities and tasks, and the context in which the occupation takes place.
  - Judging whether the occupational issue can be resolved, reduced, influenced or prevented, in relation to the condition and the medical or psycho-social diagnosis.

#### 4. Goal setting and intervention planning

##### Goal setting:

Goals are set by the client and the occupational therapist, after all available information has been indexed, combined, analysed and interpreted,

- Formulating possible intervention goals in collaboration with the client, with a focus on enhancing or enabling daily occupation and participation in the environment. These goals are as concrete and measurable (SMART) as possible.
- Determining a hierarchy in the set goals, in which the client's priorities are recognised. In this hierarchy both long- and short-term goals are identified.
- The following is agreed with the client for each goal: What, When, How (alone or with support/supervision) and How often activities will be carried out.
- The intervention plan by the occupational therapist has five essential characteristics:
  - The challenge in the area of occupation/participation (as indicated in the goals)
  - The need for enabling occupation/participation
  - Client-centred challenges and/or solutions
  - Inter-professional knowledge and skills (collaborative team working)
  - Professional reasoning (complexity)
- Involving relevant stakeholders in exploring solutions.

##### Implementing and adjusting the intervention plan:

The intervention aims to enable occupation in collaboration with the client, their environment and their daily activities and tasks. The fundamental elements of (approaches to) occupational therapy intervention are:

- Adapt: adapting the occupation to the context, in collaboration with the client, whether there is an actual or potential occupational issue.
- Advocate: speaking, advocating or arguing in support of health, well-being, inclusion and justice, to ensure that everyone can participate in everyday and societal occupations.
- Coach: collaborate with clients in a dynamic relationship, which aims to encourage clients to take action to achieve their visions, goals and wishes.
- Collaborate: the sharing of power within client-centred practice indicates the equality in the client-therapist relationship, in which joint decision-making is of central importance.
- Consult: exchanging views and discussing aspects of the treatment with other team members.
- Coordinate: Ensuring that different tasks/interventions that are carried out by different team members complement and support each other.
- In partnership, design/build: designing and developing products such as ADL equipment, splints and adaptations in collaboration with the client.
- Educate: the transfer of knowledge and experience is used to facilitate changes in occupation through active participation in everyday and societal life.
- Engage: clients' participation in occupation, in which the emphasis is not on talking, but on doing.
- Specialise: the use of specific techniques in specific situations.

### **Evaluation and follow-up:**

The occupational therapist and the client together evaluate the experiences of the client and the impact of the occupational therapy intervention.

- both during and after the intervention, evaluate in dialogue experiences, learning points, insights and possible changes in the client's goals and execution plan.
- applying the PDCA cycle through the use of assessments to determining the effectiveness of occupational therapy and/ or to determine whether the intervention goals have been achieved.
- reporting to the client, referrer, commissioner or other stakeholders about the evaluation of the occupational therapy intervention outcomes, in accordance with professional guidelines.

## **Organisational skills (communication, collaboration, organisation, enterprise and quality assurance) (20 EC)**

The occupational therapist is enterprising and contributes to optimal care and service processes, multidisciplinary team relationships and quality of care, so that the interests of the client are represented and the continuity of occupational therapy is ensured, through:

- Intentional collaboration, communication and reporting with/to external stakeholders in the best interest of the client.
- Representing the interests of the client to others to facilitate occupation and participation.
- From a position of professional identity, to collaborate and network with others and to initiate new forms of collaboration with other stakeholders, in order to continuously contribute to improvements in care and services.
- Organising optimal care and management processes, in which legal guidelines can be followed and people and resources can be used effectively and efficiently.
- Applying/adapting the organisation's vision and policy to occupational therapy and professional practice.
- Seizing opportunities for occupational therapy in an enterprising manner, by making strategic decisions and profiling a sustainable professional image.
- Executing tasks related to the management of one's own independent practice.
- Carrying out one's professional practice according to national policy, national and international guidelines, standards and protocols and professional code of ethics, so that occupational therapy meets the agreed quality standards.
- Working according to a quality cycle, with attention to the different levels (micro – meso – macro) and by applying models and instruments for quality assurance.

## Professional skills (research, innovation, learning and development) (35 EC)

The occupational therapist contributes to developing the profession and their own and others' expertise through professional reasoning, research and professional reflection, to ensure that occupational therapy continues to be responsive to societal and professional developments. This is done as follows:

- Noticing and analysing relevant developments, issues and challenges in society, the profession and their own professional practice, and making suggestions/proposals for improvement and innovation.
- Judging scientific literature and research for application in intervention (evidence-based practice) and to improve care and strengthen the profession.
- Taking steps in (practice-based) research that is focused on the effectiveness of occupational therapy and developing knowledge and insights about the relationship between occupation and health and well-being.
- Professional reasoning to apply findings/results from scientific research and other relevant information to their own professional practice following critical appraisal, with recognition of ethics and professional boundaries.
- Continued learning through participation in continued professional development activities and communities of practice, and contributing to knowledge transfer through facilitating continued professional development workshops, presentations and training courses.
- Supporting and justifying decisions in all aspects of professional practice.

## Attitude (20 EC)

The occupational therapist uses personal and professional attributes (use of self) in the therapeutic process with the client and other stakeholders. The attitudinal characteristics of the occupational therapist are based on the core principle of the profession, i.e. enabling occupation. In addition, the attitudinal characteristics are inherent in client-centred practice. Client-centred practice can be applied at micro level (individual interaction), meso level (workplace, organisations and companies) and macro level (society, populations).

The attitudinal characteristics of the occupational therapist are:

- Showing respect for the experiences, interests, choices and responsibilities of the client in the broadest sense.
- Showing respect for cultural values and norms and individual opportunities for acceptance, adaptation and change, in relation to the client's occupations and health.
- Working in partnership with the client and other stakeholders.
- Ensuring the client's active participation in the complete process of information, decision-making and intervention.
- Creatively looking for opportunities to enhance the client's occupation and experience of health and well-being.
- Communicating confidently, reflecting on their own professional behaviour, and justifying their actions through being open about their reasoning.
- Taking initiative towards quality assurance and improvement.
- Being enterprising in strengthening the (market) position of occupational therapy.
- Observing social/societal developments in general and equality, justice, diversity and justice issues in particular.

## C.2 The relationship between BOKSA and professional competencies

<i>BOKSA domains</i>	<i>Knowledge of the Core domain Occupational Therapy</i>	<i>Knowledge of medical and other 'informing' sciences</i>	<i>Client-centred Skills</i>	<i>Organisational Skills</i>	<i>Professional Skills</i>	<i>Attitude</i>
<i>Professional Competencies Occupational Therapy (2013)</i>						
<i>Screen</i>	x	x	x			x
<i>Assess and evaluate (occupational issues)</i>	x	x	x			x
<i>Intervene and coach</i>	x	x	x			x
<i>Advise (stakeholders)</i>	x	x	x			x
<i>Support and empower</i>	x	x	x			x
<i>Collaborate</i>	x	x	x	x		x
<i>Encourage enterprise</i>	x	x		x		x
<i>Organise</i>		x		x		x
<i>Evaluate quality</i>	x	x		x	x	x
<i>Research</i>	x	x		x	x	x
<i>Innovate</i>	x	x		x	x	x
<i>Continue professional development</i>	x	x		x	x	x

## C.3 The relationship between BOKSA and WFOT domains

<i>BOKSA domains</i>	<i>Knowledge of the Core domain Occupational therapy</i>	<i>Knowledge of medical and other 'informing' sciences</i>	<i>Client-centred skills</i>	<i>Organisational skills</i>	<i>Professional skills</i>	<i>Attitude</i>
<i>WFOT domains (2016)</i>						
<i>The person-occupation environment relationships &amp; the relationship of occupation health &amp; well-being</i>	x	x	x			x
<i>Therapeutic &amp; professional relationships</i>			x	x		x
<i>An occupational therapy process encompassing collaborative, people-centred, occupation-focused processes</i>	x		x			x
<i>Professional reasoning &amp; behaviour</i>	x			x	x	x
<i>Context of practice</i>				x	x	x

## C.4 Clinical practice experience

Students gain the necessary knowledge, skills and attitudes at the educational institute as well as outside. Students gain practical experience while on placements, when carrying out practical research.

### Practical placements

Students are given a thorough preparation for practice placement based learning, through a number of professional preparatory activities. Every education programme has set criteria, which the students must meet before they are deemed able and safe to engage in practice placement based learning. These criteria are related to the Mastery of professional competencies, the BOKSA and academic skills at higher education level. During practice placements students develop and apply their knowledge, skills and attitudes within real professional settings. It is here that students acquire the competencies that are essential for practising their profession. During practice placements students develop independent, adequate professional practice as an occupational therapist. Students develop a personal development plan to guide their learning process. Practice placements usually take place in the last two years of the course and takes place in a minimum of two settings, with clinical supervision from an experienced occupational therapist. Students attend support and study days at the education institute during practice placements, led by a lecturer/tutor. This tutor facilitates intervision and maintains close contact with the placement educator at the practice placement setting. At the end of each practice placement students complete an assessment in which they

demonstrate that they have achieved the learning outcomes of their placement satisfactorily, by means of materials developed on placement and reflective reports. This assessment is marked by a clinical therapist as well as a lecturer. The minimum number of hours is 35 EC (1000 hours).

### Graduation project

A practical research – which is part of the final year of studies – takes place at the BSc level. The project is based on a need/question arising from occupational therapy practice.

Depending on the research question(s), the project can lead to one of the following five professional ‘products’: 1) consultancy 2) design 3) a physical or digital product, 4) a series of actions 5) research (the answer to a research question) (Andriessen, 2014). The project is carried out in partnership with the professional practice-context and is presented in a report, article and/or presentation. The scope of the practical research varies from 12 ECs (336 hours) to 30 ECs (840 hours).

### Minor

The minor is an optional part of the course, in which the students develop their professional competencies further. Most students choose a minor, which is closely related to the major, based on personal interest or in order to specialise in a certain clinical field (for example, healthcare technology, work, rehabilitation, global health or neuro-rehabilitation). The scope of the minor is generally 30 ECs (840 hours). The minor can be studied at the students’ own University of applied science or in a similar University of applied science in the Netherlands or abroad.

# Part D (optional): Additional information specific to individual education programmes

## D. 1 Introduction

The occupational therapy education programmes are responsible for designing and writing part D. In this section, the education programmes can outline specific aspects of their programmes and link these to the generic nationally agreed content of the education programmes as detailed in the preceding parts of this document. If these aspects are pertinent to the recognition of the qualification abroad, they will be described as course specific additions.

## D. 2 Course specific additions

### Content

(guidance for the education programme):

- only mention aspects that are relevant to the recognition of the qualification abroad
- limit this to maximum one page
- include aspects that are applicable to all students (otherwise mention it in Part E)
- think about including:
  - Attribution of particular features
  - More or less emphasis on specific content
  - If the course provides more/less time to certain topics/subjects, please also indicate which topics/subjects are subsequently given less/more time
- Variations: fulltime, part-time, accelerated courses

### Accreditation:

The Occupational Therapy Programme at the Hogeschool is accredited each six years by the Dutch-Flemish Accreditation Organisation (NVAO) and the World Federation of Occupational Therapists (WFOT)

## Part E (Optional): Student profile

Part E of the National Transcript of Dutch Occupational Therapy education, 2013, is to be submitted with parts A, B, C and D. Part E is written for and with the graduated occupational therapist submitting the transcript, and has been signed by the relevant course provider. Maximum one page.

### E. 1 Introduction

Every occupational therapy student is given the opportunity to make choices during their education programme. Students may also have gained experience and knowledge from extracurricular activities. In this part the student can create a profile based on these two aspects.

### E. 2 Choices and options within the course

Describe knowledge and skills that may be beneficial for the recognition of the qualification abroad.

Think about:

- the chosen minor completed
- practice placement settings
- title of the final project
- specific project carried out in direct collaboration with colleagues in clinical practice
- merits and distinctions received
- dissertations/profiles

### E. 3 Other relevant experience/knowledge

Describe knowledge and experience that may be beneficial for the recognition of the qualification abroad. Think about:

Knowledge of/proficiency in languages

Name:

Date:

Signature:

Educational institution

# **Appendix 1:**

## **Bachelor of Science courses in Ergotherapie (Occupational Therapy) at Universities of Applied Sciences**

Hogeschool van Amsterdam  
Opleiding Ergotherapie  
Tafelbergweg 51  
1105 BD Amsterdam Zuidoost

Hogeschool Arnhem en Nijmegen  
Opleiding Ergotherapie  
Kapittelweg 33  
6525 EN Nijmegen

Hogeschool Rotterdam  
Opleiding Ergotherapie  
Rochussenstraat 198  
3015 EK Rotterdam

Zuyd Hogeschool  
Opleiding Ergotherapie  
Nieuw Eyckholt 300  
6419 DJ Heerlen

## Appendix 2:

# Bibliography/Source documents

Andriessen, D (2014). *Beoordelen is mensenwerk. Eindrapport Expertgroep Protocol*. Den Haag:Vereniging van Hogescholen

Granse, M. le, Hartingsveldt, M. van & Kinébanian, A. (red.) (2017). *Grondslagen van de ergotherapie*. (Vijfde druk). Houten, Bohn, Stafleu & van Loghum

Hartingsveldt, M. van, Logister-Proost, I. & Kinébanian, A. (2010). *Beroepsprofiel ergotherapeut*. Utrecht; [Den Haag]: Ergotherapie Nederland ; Boom Lemma uitgevers.

Ploegman, M., & Bie, D. de. (2008). *Inspirerende opdrachten voor beroepsopleidingen*. Houten: Bohn Stafleu van Loghum.

Tuning Project (2008). *Tuning educational structures in Europe: Reference points for the design and delivery of degree programmes in occupational therapy*. Amsterdam: ENOTHE.

Verhoef, J. & Zalmstra, A. (2013). *Beroepscompetenties ergotherapie. Een toekomstgerichte beschrijving van het gewenste eindniveau van de opleiding tot ergotherapeut*. Tweede druk. Den Haag: BoomLemma.

World Federation of Occupational Therapists (2016). *Minimum Standards for the Education of Occupational Therapists Revised 2016*. Retrieved from <http://www.wfot.org/Store/>

### Websites consulted:

[http://europa.eu/legislation\\_summaries/education\\_training\\_youth/lifelong\\_learning/c11088\\_nl.htm](http://europa.eu/legislation_summaries/education_training_youth/lifelong_learning/c11088_nl.htm).

<http://www.enothe.eu/index.php?page=about/en/default>

<http://www.eua.be/eua-work-and-policy-area/building-the-european-higher-education-area/bologna-basics/Bologna-an-overview-of-the-main-elements.aspx>

## **Appendix 3:**

# **The composition of the project group and advisers**

### **Members of the project group National Transcript for the Bachelor's Degree in Ergotherapie (Occupational Therapy)**

Marleen Kaijen-van Doesburg, Hogeschool Arnhem Nijmegen, project leader.

Soemitro Poerbodipoero, Hogeschool van Amsterdam

Joan Verhoef, Hogeschool Rotterdam

Wendy van Kuijen, Zuyd Hogeschool

Bea van Bodegom, external secretary, Van Bodegom Advies

### **Adviser**

Menno Pistorius, Director Institute Allied Health Studies, Hogeschool Arnhem Nijmegen

