LSU Health NEW ORLEANS
School of Allied Health Professions
Department of Occupational Therapy

CONCEPTUAL MODEL

(Revised May 2026)

VISION

To create a community of practitioners grounded in effective, occupation-based practice that facilitates participation in everyday living for all people in the unique cultures of New Orleans, South Louisiana, and beyond.

To improve the quality of life of underserved populations through faculty and professional staff-led clinics, and to be leaders in Louisiana in contributing to the body of knowledge of the occupational therapy profession through publication and presentation of capstone and faculty-driven research.

CORE VALUES

- We value and encourage INQUIRY and LIFE-LONG LEARNING.
- We RESPECT the rights of others and view individuality as an opportunity for enrichment and growth.
- We value SERVICE and ADVOCACY to the community and our profession.
- We encourage INNOVATION and the use of creative talents to achieve excellence.
- We promote ADAPTABILITY and RESILIENCY to prevail in the presence of change and uncertainty.
- We value ACADEMIC INTEGRITY and PROFFSSIONAL BEHAVIOR.
- We value the promotion of QUALITY OF LIFE and PARTICIPATION.
- We value the use of COLLABORATION and INTERPROFESSIONAL EXCHANGE in education and practice.

MISSION

The mission of the Occupational Therapy Program at Louisiana State University Health Sciences Center—New Orleans is to:

- Educate students to become reflective and empathetic practitioners who provide excellent occupation-based intervention while maintaining high ethical standards.
- Foster a spirit of inquiry and scholarly development so both faculty and students experience intellectual growth and cultivate habits that support life-long learning.
- Provide service at university, local, state, and national levels to

promote occupation-based health and wellness for clients, communities, and populations.

PROGRAM GOALS

Education

1. Educate students to become competent practitioners who engage in critical thinking, evidence-based practice, and life-long learning.
2. Facilitate the development of client-centered practitioners who provide quality occupation-based intervention.

Research and Scholarship

3. Develop and disseminate knowledge that will validate and promote the practice of occupational therapy.

Service

4. Provide quality service at various levels: university, community, state, and national
5. Provide access opportunities to underserved populations to healthcare in all domains
6. Promote the profession of occupational therapy's unique contributions to holistic physical and mental health

PHILOSOPHY

View of the Person

Occupational therapists view people holistically as dynamic, open systems with biological, psychological, sociocultural, and spiritual dimensions (Kielhofner, 2008; Law et al., 1996). A person can be considered an individual system, or a member of a larger system, such as a family, community, or population (American Occupational Therapy Association [AOTA], 2017). In the course of daily life, a person simultaneously experiences several roles, and engages in an array of occupations in a variety of contexts. We recognize the spectrum between disability/illness and wellness in individuals and that people possess varied abilities throughout life We believe that people have a right to health and well-being, the right to create meaning in life through participation in occupation, and the right to collaborate in issue regarding their care (World Health Organization [WHO], 2001).

People are challenged continually to adapt to contextual changes in order to fulfill needs and live meaningful, satisfying lives. We see humans as complex beings, and, through active engagement they evolve, change, adapt and are influenced by emerging knowledge and technologies. A transactive view of person, context, and occupation acknowledges that occupational behavior and environmental influences are integrally related and influence each other (AOTA, 2011; Law et al., 1996; Dunn, Brown, &

McGuigan, 1994).

Role of Occupational Therapy

Occupational therapy enables people to participate in daily activities or occupations that are important to those with or without impairments with body functions and structures, activity limitations, or activity participation restrictions due to contextual barriers (WHO, 2001; Moyers, 1999). Occupational therapists collaborate with individuals, their families, communities, and populations to promote physical, cognitive, social, and emotional health, as well as function. Occupational performance is defined as the accomplishment of desired occupations resulting from the transaction between the person, their contexts and the occupation itself (AOTA, 2020a). Desired occupations can be engaged in infrequently or they can be everyday activities in the areas of: activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation (AOTA, 2020a). These are essential for participation in various life roles. Successful adaptation to performance challenges throughout life results in effective occupational performance, which supports health, wellness, and independence (Christiansen & Baum, 1997; WHO, 2001; AOTA, 2020a).

The unique contribution of occupational therapy is its ability to maximize the fit between what individuals want and need to do and their capacity to perform important occupations. We acknowledge that participation in meaningful occupation is a determinate of health and supports participation in life situations. Throughout the intervention process, occupation is seen as both a means and an end, allowing for occupational therapy as a change agent and engagement in occupation as the ultimate goal in therapy (AOTA, 2020a).

View of the Educational Process

The Department of Occupational Therapy is aligned with that of the AOTA's Philosophy of Education (AOTA, 2018), Purpose and Value of Fieldwork Education (AOTA, 2018), and its Philosophical Base of Occupational Therapy (AOTA, 2017). The goal of the program is to graduate entry-level masters' occupational therapists who are capable of making evidence-based decisions, engaging in critical thinking, and acting on professional ethics. Throughout the educational process, we support our students' development to become life-long learners and agents of change for improvement in our clients' quality of life. Another essential outcome of the curriculum is to graduate therapists who exhibit respect for others, appreciation of interdependence, and the collaborative skills required in interprofessional practice.

Learning methods reflect occupational therapy philosophy and are grounded in learning theory with an emphasis on constructivist principles. Specifically, that knowledge is constructed rather than transmitted (Gijselaers, 1996). It is created by the individual through an active process of discovery and exploration. New knowledge is

integrated only with discussion and elaboration on existing knowledge. Active and collaborative learning experiences promote the development of individual and group problem-solving strategies and facilitate students' confidence in questioning and evaluating information (Zhang & Cui, 2018; Schrader, 2015; Johnson, Johnson, & Smith, 1998). Collaboration itself is a source of learning that supports acquisition and integration of information.

Professional reasoning is threaded throughout the curriculum to provide opportunities to explicitly examine and practice critical and reflective thinking. Acknowledging various student learning preferences, instructional techniques include early field experiences to address actual client needs within the context of authentic practice environments, practice with hands-on competencies, the use of case-based method, application of evidence-based interventions, the use of emerging technologies, as well as various forms of instructor and peer feedback, lecture, and critical analysis of literature.

Through the use of active learning, interprofessional education opportunities, collaboration, leadership opportunities and self-reflection, students are able to integrate philosophical and theoretical knowledge, values, beliefs and ethics to prepare them with critical inquiry skills necessary for the development of their professional identity as an occupational therapist (AOTA, 2016, 2018; WHO, 2010).

CURRICULUM DESIGN AND CURRICULAR THREADS

The Occupational Therapy Program's mission and philosophy guide the content and learning experiences that compose the curriculum. The Person-Environment-Occupation Model (Law et al., 1996) and the Ecology of Human Performance Model (Dunn at al., 1994) of occupational therapy contribute to the theoretical foundation of the program. Each model accentuates the transactive influence of the person, occupation, and context on the multidimensional nature of occupational performance.

Our commitment to the community shapes our curriculum design and provides opportunity for innovative development and delivery of occupational therapy services. We have built community partnerships through clinics and capstone projects that offer context-based educational experiences to our students. These experiences reinforce the skills necessary to create positive change. Our collective personal experiences and commitment to address unmet needs strengthen our desire to impact the environment in which we serve.

Several **content themes** or **curricular threads** are woven throughout the curriculum sequence:

- **Client-centered Care**. The concept of client-centered care is based on accentuating the worth and holistic view of the individual and further defines the relationship of the individual and the therapist as a partnership (Law, Baptiste, & Mills, 1995). Client- centered care empowers the person, including the actual individual receiving occupational therapy services, family members, caregivers, or other people affecting that person's occupational performance, to problem-solve in order to achieve goals. Within occupational therapy practice, clients may also include communities, organizations or populations.

(AOTA, 2014).

- **Occupation-based Practice**. Occupations are ordinary activities that bring meaning to the daily lives of individuals, families, and communities and enable them to participate in society. Meaningful activities are an innate need and right for all individuals and influence health and well-being throughout the lifespan. The dynamic relationship between an individual's intrinsic factors, the context in which they occur, and the unique characteristics of the activity, impact the quality, experience and satisfaction of occupational performance. Engagement in occupation facilitates role participation and provides routine in daily living, thereby enhancing quality of life. The use of occupation to promote health and wellness is the core of occupational therapy practice. (AOTA, 2014).

- **Occupational Therapy Process**. The occupational therapy process, as guided by the Occupational Therapy Practice Framework, is a three-part process consisting of evaluation (1) and intervention (2) in order to meet the client's desired goals (3). The process begins with an evaluation, in which a collaborative relationship is established between client and therapist, partially by gaining a deep understanding of the client via the occupational profile. (AOTA, 2020a). Analysis of occupational performance determines the client's assets and what is hindering performance of occupation, including client factors, performance skills, performance patterns, contexts, and the demands of the occupation (AOTA, 2020a). Steps of the intervention process include planning, implementation, and review of progress. Outcomes are defined by the client's participation in life through engagement in desired occupations and/or the return to desired habits, routines, and roles (AOTA, 2020a).

- **Evidence-Based Practice.** Evidence-based practice (EBP) is also referred to as scholarly practice, and involves locating, appraising, and applying the knowledge base of the profession in one's practice (AOTA, 2022). Sackett et al., wrote a frequently used definition of EBP as the "conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients" (1996, p. 71). The use of best evidence was recognized by Law and Baum as just one part of a triad of items that make up EBP, arguing that the client's own choices and the clinician's experience and training are intrinsic parts of EBP for occupational therapy practitioners (1998). The EBP triad is a curricular thread that weaves through all LSUHNO courses, are reflected upon after fieldwork experiences, and are applied by students in their group capstone projects. Tied to EBP in the curriculum is the development of habits of clinical reasoning, which emerging evidence shows is a predictor of use of EBP (Benfield, 2024).

- **Emerging Practice.** Nontraditional or emerging practice has been defined

as activities completed by an occupational therapy pratitioner outside of the typical clinical walls of a hospital, rehabilitiation center, school, or other typical practice setting (Royeen, 1990). However, it is also recognized as the use of innovative and/or non-traditional occupational therapy practices for underserved populations (AOTA.org, 2025). Emerging practice overlaps with the ability to assess the needs of a community, and with policy and advocacy (Emmert & Petrone, 2022). Using creative solutions and recognizing the power of occupation to facilitate positive change in any setting and with underserved or nontraditional populations is threaded throughout the courses in the curriculum. Additionally, we provide opportunities for students to identify the need for change in institution and community-based programs through group capstone projects, volunteer hours, and involvement in specialized faculty practice. These opportunities support the development of leadership skills for emerging practice.

Two additional Curricular Threads can be viewed as tactics used to achieve the program's educational goals, both in general and within individual courses:

- **Emphasis on the Concept of Life-Long Learning.** Through active, context-based learning experiences, we support students to develop into life-long learners. Life-long learners are resourceful in obtaining and integrating information for competent service provision through reflection in all aspects of practice.
- **Experiential Learning.** Experiential learning allows students to rehearse or practice skills they have learned in the classroom, and has been shown to improve the professional attributes needed to be an effective clinician (Knecht-Sabres, 2013). Hands-on lab experiences, simulations, and competency testing are incorporated into all assessment and intervention courses across diagnostic categories and the lifespan. Additionally, students are able to pull together all aspects of assessment, treatment planning, intervention, and discharge planning under the direct supervision of faculty through our two student clinic experiences, NeuroPlex and PedsPlex. The students receive feedback from faculty and later reflect on what went well and what could have changed, bringing the experiential learning full circle, enhancing clinical reasoning skills and readiness for Level II fieldwork.

Completion of the MOT program prepares a graduate to practice occupational therapy. Courses progress in a sequence that first emphasizes an overview of occupation and occupational therapy. Next, students are given an individualistic yet holistic view of occupational performance across the lifespan, progressing to an expanded view of the person within the community. Basic science courses are introduced as students are developing an initial understanding of occupation, occupational performance, and the impact of disability on individuals and communities. Students then develop an understanding of the role of occupational therapy in enabling clients to engage in occupation in the context of their own lives.

The course sequencing of Fieldwork I and II experiences integrated throughout the curriculum provides a context for didactic learning in diverse practice contexts. Early exposure to practice allows students to develop questions about OT service delivery and the opportunity to apply and challenge what they have learned in the classroom. This enables them to develop the clinical reasoning skills needed to engage in best practice in a variety of dynamic practice environments, leading into the study of applied scientific inquiry and evidenced-based decision-making, addressed in both research and practice application courses.

LSUHSC OCCUPATIONAL THERAPY'S SECOND LINE

The second line design clearly conveys the unique traditions and culture of New Orleans and the spirited quality that this culture adds to our program. The second line is a tradition in New Orleans that celebrates life, which relates to occupational therapy as a profession that promotes wellness in every aspect of life (McNulty, 2012). This reflects our program's mission to promote health and wellness for all human beings, and our vision to maximize quality of life. Upon graduation, after 27 months in the curriculum, students will enjoy their own "second line", as they celebrate their accomplishments and become practitioners that allow individuals to live fully.

Incorporating the four important core concepts of the educational process, core values, course sequence, and content themes into the second line design requires qualities unique to an occupational therapist.

- *Educational process* – The educational process is represented by the instruments because they produce quality music, just as the educational process will create quality occupational therapy practitioners.
- *Course sequence* – The course sequence is represented by the sequence of the musicians in a line. Just as the students must follow a specific sequence of courses, the musicians must follow each other in time in order to create rhythm and harmony.
- *Content themes and Curricular threads* – The content themes are represented by the leader of the second line because these themes are what lead our entire curriculum on a successful path.
- *Core values* – The core values are represented by the path taken or the street walked upon because this creates a strong foundation on which the second line will travel.

The second line is a dynamic concept, which is appropriate for our curriculum as changes and improvements are always being made. The open, energetic nature of a second line allows for new participants to join in at any time. This dynamic design allows for successful integration of fieldwork educators throughout the process, who will aid in the education of our students. There may be cracks in the sidewalk or bumps in the road that the musicians may stumble upon, just as students may encounter barriers throughout their education. Even though barriers arise, the second line continues onward, just as the student will continue through the program and overcome obstacles

(Berg et al., 2008). We chose six musicians to represent the focus of AOTA's six practice areas, which include children and youth, health and wellness, mental health, productive aging, rehabilitation, disability, and participation, and work and industry (AOTA, 2019; Clark, 2008). These six diverse members of the band represent the six diverse areas of practice of occupational therapy, and the variety of clients that are helped by this profession.



Schematic Representation of Conceptual Model

COURSE SEQUENCE FOR COHORTS STARTING JANUARY 2026

Spring I
OCCT 6624; Pathophysiology & Conditions Affecting Occupational Performance (5 credits)
OCCT 6410; Foundations of Occupational Therapy (3 credits)
OCCT 6524; Applied Kinesiology. (3 credits)
OCCT 6418; Clinical Reasoning & Communication (2 credits)
OCCT 6540; Fieldwork Seminar (1 credit)

OCCT 6950; Evidence-Based Practice: Research I (3 credits)
Total: 17 Credits

Summer I
ANAT 6522; Human Anatomy (5 credits)
OCCT 6528; Occupation-Based Practice: Neurological Conditions I Lecture (3 credits)
OCCT 6529; Occupation-Based Practice: Neurological Conditions I Lab (1 credit)
Total: 7 Credits

Fall I
ANAT 6533; Neuroanatomy (4 credits)
OCCT 6532; Occupation Based Practice: Neurological Conditions II Lecture (2 credits)
OCCT 6533; Occupation Based Practice: Neurological Conditions II Lab (1 credits)
OCCT 6526; Occupation-Based Practice: Mental Health (3 credits)
OCCT 6450; Occupation-Based Practice: Pediatrics I Lecture (3 credits)
OCCT 6721; Occupation-Based Practice: Pediatrics I Lab (1 credits)
OCCT 6530; Occupation-Based Practice: General Applications (4 credits)
Total: 18 Credits

Spring II
OCCT 6722; Occupation-Based Practice: Pediatrics II Lecture (2 credits)
OCCT 6723; Occupation-Based Practice: Pediatrics II Lab(1 credits)
OCCT 6750; Evidence-Based Practice: Research II(2 credits)
OCCT 6716; Management & Leadership (3 credits)
OCCT 6614; Occupation-Based Practice: Orthopedic Conditions Lecture (3 credits)
OCCT 6615; Occupation-Based Practice: Orthopedic Conditions Lab (1 credits)
OCCT 6730; Professional Practice I (2 credits)
OCCT 6718; Occupation-Based Practice: Community and Advocacy (2 credits)
OCCT 6620; Occupation-Based Practice: Older Adult (3credits)
Total: 19 Credits

Summer II
OCCT 6670: Fieldwork Experience IIa (8 Credits)
Total: 8 Credits

Fall II
OCCT 6770; Fieldwork Experience IIB (8 credits)
OCCT 6740; Professional Practice II (4 credits)
Total: 12 Credits

TOTAL CREDITS = 83

COURSE SEQUENCE FOR COHORTS STARTING PRIOR TO JANUARY 2026

Spring I
OCCT 6410-Concepts in Occupation (4 Credits)
OCCT 6512- Occupational Performance Across the Lifespan (3 Credits)

OCCT 6624- Pathophysiology and Medical Conditions (5 Credits)
OCCT 6418- Interactive Reasoning (3 Credits)
OCCT 6524: Applied Kinesiology (3 Credits)
Total: 18 Credits

Summer I
ANAT 6522: Human Anatomy (5 Credits)
OCCT 6528: OT for Neurological Conditions I (2 Credits)
Total: 7 Credits

Fall I
OCCT 6450: Occupation-Based Practice: Infants & Children (3 Credits)
OCCT 6532: OT for Neurological Conditions II (3 Credits)
OCCT 6530: Applications I: General Practice Concepts (4 Credits)
ANAT 6533: Neuroanatomy (4 Credits)
OCCT 6540: Fieldwork Experience I & Seminar (1 Credit)
OCCT 6526: O.T. for Mental Health Conditions (3 Credits)
Total: 18 Credits

Spring II
OCCT 6432: Assistive Technology (3 Credits)
OCCT 6614: O.T. for Orthopedic Conditions (4 Credits)
OCCT 6620: O.T. with the Older Adult (4 Credits)
OCCT 6640: Documentation (3 Credits)
OCCT 6550: Research I (3 Credits)
Total: 17 Credits

Summer II
OCCT 6670: Fieldwork Experience IIa (6 Credits)
Total: 6 Credits

Fall II
OCCT 6716: Management in Occupational Therapy (3 Credits)
OCCT 6718: Community-Based & Specialized Practice (3 Credits)
OCCT 6720: Principles of Practice: Early Life (4 Credits)
OCCT 6730: Applications II: Specialized Practice Concepts (3 Credits)
OCCT 6750: Research II (3 Credits)
Total: 16 Credits

Spring III
OCCT 6770: Fieldwork Experience IIb (8 Credits)
OCCT 6850: Research 3 (1 Credit)
Total: 9 Credits

TOTAL CREDITS = 91

STUDENT OUTCOMES (ACOTE, 2023)

1. Students will demonstrate an understanding of the basic tenets of occupational therapy. Students will:

    a. Explain the history and philosophical base of the profession.
    b. Articulate how occupation can promote health, well-being, quality of life, and prevent injury and disease.
    c. Analyze the interaction between areas of occupation, performance skills, performance patterns, context, activity and occupational demands, and client factors.
    d. Articulate the effects of diseases, genetic conditions, mental illness, disability, and injury on an individual living in their context.
    e. Display behaviors indicative of reflective, empathetic, and ethical practitioners.
    f. Demonstrate cultural competence.
    g. Utilize clinical/professional reasoning throughout the occupational therapy process.

2. Students will demonstrate an understanding of the theoretical bases of occupational therapy. Students will:
    a. Develop a working knowledge of theories, models of practice and frames of reference used in occupational therapy.
    b. Apply theoretical constructs to practice with a variety of populations and practice contexts.

3. Students will demonstrate an understanding of the process of screening and evaluation in occupational therapy practice. Students will:
    a. Build a knowledge base of varied screening and evaluation methods.
    b. Develop comfort with interviewing clients and completing an occupational profile.
    c. Observe and analyze occupational performance.
    d. Select appropriate assessment tools based on their psychometric properties and on characteristics of person and context.
    e. Appropriately administer selected standardized and non-standardized assessments and use occupation for assessment purposes.
    f. Demonstrate knowledge of appropriate delegation of components of the evaluation to an occupational therapy assistant.
    g. Interpret and apply evaluation findings appropriately.

4. Students will develop an understanding of the process of intervention. Students will:
    a. Collaborate with clients to develop measurable, occupation-based goals.
    b. Develop and implement occupation-based intervention plans and strategies for various practice settings.

c. Demonstrate competence with interventions to support self-advocacy and interventions that are delivered virtually.
d. Collaborate with clients, caregivers, and other professionals to create intervention plans, including occupational therapy assistants.
e. Demonstrate an ability to use a variety of teaching/learning techniques with clients, other health providers, and the public.
f. Communicate effectively through written, verbal, and nonverbal means.
g. Exhibit the ability to appropriately adapt occupations and the environment to enhance participation, and to grade interventions for a just right challenge to facilitate improved performance in the client's goal areas.
h. Know when to refer clients to other health professionals within and outside of the profession.
i. Demonstrate accountability for reimbursement of services.
j. Possess individual and group interaction skills for use with clients, other health care providers, and the public.
k. In collaboration with the client, monitor, reassess, and modify interventions as the needs of the client changes and demonstrate knowledge of the occupational therapy assistant's role in these decisions.
l. Discharge clients using appropriate procedures.

5. Students will demonstrate an understanding of various contexts in which occupational therapy services are provided. Students will:
   a. Identify policy issues related to systems in which occupational therapy may be found.
   b. Understand models of service delivery of occupational therapy and systems that interface with occupational therapy, i.e., healthcare, education, community systems.
   c. Appreciate the need to stay abreast of changes in the various service delivery systems.

6. Students will apply principles of management and systems to the provision of occupational therapy services. Students will:
   a. Understand implications of State and Federal legislation in the delivery of occupational therapy services and credentialing of occupational therapy personnel.
   b. Maintain records required of various practice settings.
   c. Advocate for the profession and the consumer.
   d. Demonstrate an understanding of reimbursement policies and procedures and their effects on service clients.
   e. Exhibit professional work behaviors, i.e., proper maintenance of practice environments, time management, respectful treatment of others.
   f. Understand the supervisory process of occupational therapy and non-occupational therapy personnel.
   g. Acknowledge the ongoing professional responsibility for providing fieldwork education and supervision.

h. Develop and evaluate programs.
i. Explain fundamental marketing principles.

7. Students will demonstrate comfort with technology and emerging practice areas. The students will:
   a. Demonstrate competence with telehealth technology.
   b. Show understanding of documentation of skilled therapy in written formats and in electronic documentation systems.
   c. Be aware of community resources and be able to design community programs to support occupational performance for presons or populations.
   d. Demonstrate an understanding of the procurement of grants as a fiscal basis for service delivery in an emerging or evolving practice area.

8. Students will develop an ability to understand and apply research findings to practice. Students will:
   a. Articulate the importance of research for practice and the continued development of the profession.
   b. Appropriately use professional literature to make practice decisions; display evidence-based practice skills.
   c. Effectively analyze qualitative and quantitative literature to inform occupational therapy practice.
   d. Participate in scholarly activity that advances service delivery or professional practice.
   e. Develop a basic understanding of the process of securing grants.

9. Students will understand and appreciate the ethics and values of the profession. Students will:
   a. Demonstrate knowledge of the Occupational Therapy Code of Ethics (AOTA, 2020b) and the Standards of Practice for Occupational Therapy (AOTA, 2021).
   b. Explain the functions of local, state, and national occupational therapy associations.
   c. Promote occupational therapy.
   d. Acknowledge the need to maintain professional competence through life-long learning.
   e. Identify the varied roles of the occupational therapist

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